





	PATIENT INFO	PRMATION DA	ATE:	
NAME:Last		AGE:	D.O.B	
HOME ADDRESS:	-,,	City / Town		
MAILING ADDRESS:				_
MAILING APPRESS.	(If Different From			
E-MAIL ADDRESS:				
PRIMARY PHONE:	_SECONDARY PHO	ONE	_	
CURRENT OR FORMER OCCUPATION	ON:			
EMERGENCY CONTACT:	CC	ONTACT PHONE NUMB	ER:	
RELATIONSHIP TO PATIENT:				
MARITAL STATUS (Circle One): Single	e Married Divorced Wi	dowed		
NAME OF SPOUSE:				
SOCIAL SECURITY NUMBER:				
PHARMACY NAME:	ADDRESS:			

PLEASE BRING ALL INSURANCE CARDS AND A PHOTO IDENTIFICATION TO EVERY APPOINTMENT. ALL CO-PAYMENTS ARE EXPECTED AT TIME OF VISIT

PRIMARY CARE PHYSICIAN:____PHONE #

PATIENT HISTORY

Height:_	Weigl	nt:				
Medications: List <u>all</u> your current medications and dosages or bring a list with you:						
Start Date	Drug Name & Strength	Dose (pills, units, puffs, drops)	When to Take	Purpose / Reason		
3 6 10 1			l			
Medical:						
List <i>all</i> ser	ious illnesses in your <i>per</i>	<u>sonal</u> lifetime. (Exa	mple: diabetes, stro	ke, hypertension, breathing,		
heart prob	blems, angina, prostate	cancer, bladder can	cer etc):			
I ist <i>all</i> all	argies to medications (o	r other substances)	•			
11151 <u>ai</u> t an	ergies to incurcations (o	of other substances).				
Surgical	•					
		lifetime with appro	opriate dates:			
		lifetime with appro	opriate dates:			
List <u>al</u> l su	rgeries in your <i>personal</i>	lifetime with appro	ppriate dates:			
List <u>al</u> l su ———— Family I	rgeries in your <u>personal</u> History					
List <u>al</u> l su Family I List <u>al</u> l ser	rgeries in your personal History rious illnesses in your im	mediate family: (Ex	ample: diabetes, str	oke, hypertension, emphysema,		
List <u>al</u> l sur Family I List <u>al</u> l ser	rgeries in your <u>personal</u> History	mediate family: (Ex	ample: diabetes, str			
List <u>al</u> l sur Family I List <u>al</u> l ser	rgeries in your personal History rious illnesses in your im	mediate family: (Ex	ample: diabetes, str			
List <u>al</u> l sur Family I List <u>al</u> l ser heart atta	rgeries in your <u>personal</u> History rious illnesses in your important the control of the contro	mediate family: (Exatate cancer, bladder	ample: diabetes, str			
List <u>al</u> l sur Family I List <u>all</u> ser heart atta	rgeries in your <u>personal</u> History rious illnesses in your important the company of the compan	mediate family: (Exa tate cancer, bladder Current smoker	ample: diabetes, str cancer etc):	oke, hypertension, emphysema, □ Non-smoker		
Family I List <u>all</u> ser heart atta Smoking	rgeries in your personal History rious illnesses in your important ck, angina, cancer, pros	mediate family: (Exatate cancer, bladder Current smoker	ample: diabetes, str cancer etc): l Former smoker ation on quitting? [oke, hypertension, emphysema, □ Non-smoker □ yes □ no		
List <u>all</u> sur Family I List <u>all</u> ser heart atta Smoking If You are How many	rgeries in your personal History rious illnesses in your important ck, angina, cancer, prosections G: Are you a:	mediate family: (Exatate cancer, bladder Current smoker uld you like informate per day?	ample: diabetes, stree cancer etc): Former smoker ation on quitting? [low long have you b	oke, hypertension, emphysema, Non-smoker yes no een smoking?		
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