Patient Information & Medical History

Welcome to our Practice!

circle one: Dr/Mr/Mrs/Ms/Miss
First:_____Middle:_____Last:_____
Address:_____City:_____State:_____Zip:_____
Home Phone:_____Cell Phone: _____ Work Phone: _____
Email Address:_____ May we contact you by email/text? ☐ Yes ☐ No
Patient SSN:_____ Patient DOB:_____ Sex: (circle) **M F**

Emergency contact:_____ Phone:_____
Preferred pharmacy:_____
How did you hear about us?_____

Billing Insurance? Yes No If Yes, please provide the insurance information: _____
Policy holder DOB & ID # _____

Y	N	Conditions
☐	☐	Abnormal Bleeding
☐	☐	Alcohol Abuse
☐	☐	Allergies
☐	☐	Anemia
☐	☐	Angina Pectoris
☐	☐	Arthritis
☐	☐	Artificial Heart Valve
☐	☐	Asthma
☐	☐	BisPhosphonate Use
☐	☐	Cancer- Chemotherapy
☐	☐	Colitis
☐	☐	Congenital Heart Defect
☐	☐	Cosmetic Surgery
☐	☐	Diabetes
☐	☐	Difficulty Breathing
☐	☐	Drug Abuse
☐	☐	Emphysema
☐	☐	Epilepsy
☐	☐	Fainting Spells
☐	☐	Fever Blisters
☐	☐	Frequent Headaches
☐	☐	Glaucoma

Y	N	Conditions
☐	☐	HIV+ AIDS
☐	☐	Heart Attack
☐	☐	Heart Surgery
☐	☐	Hemophilia
☐	☐	Hepatitis A, B, Or C
☐	☐	High Blood Pressure
☐	☐	Kidney Problems
☐	☐	Liver Disease
☐	☐	Low Blood Pressure
☐	☐	Mitral Valve Prolapse
☐	☐	Pace Maker
☐	☐	Pre-Med
☐	☐	Psychiatric Problems
☐	☐	Radiation Therapy
☐	☐	Rheumatic Fever
☐	☐	Seizures
☐	☐	Shingles
☐	☐	Sinus Problems
☐	☐	Stroke
☐	☐	Thyroid Problems
☐	☐	Tuberculosis
☐	☐	Ulcers

Y	N	Conditions
☐	☐	Venereal Disease
☐	☐	Yellow Jaundice
☐	☐	Sleep Apnea
☐	☐	Snoring
☐	☐	
☐	☐	

Y	N	Allergies
☐	☐	Aspirin
☐	☐	Codeine
☐	☐	Dental Anesthetics
☐	☐	Erythromycin
☐	☐	Jewelry
☐	☐	Latex
☐	☐	Metals
☐	☐	Penicillin
☐	☐	Tetracycline

Other
_____
_____
_____

If female please answer the following:

Y	N	
☐	☐	Are you taking Birth Control Pills?
☐	☐	Are you pregnant? If Yes, # of weeks ☐
☐	☐	Are you nursing?

Do you smoke or use tobacco? **Yes No**

Medications:	**Is there any disease, condition, or problem that is not listed above that we should know, if yes please describe.**

Signature:_____ **Date**:_____
If under 18, Parent or Guardian signature required