



Welcome
Glad you're here!

Name _____

First (MI) Last

Address _____

Social Security # (for insurance purposes) _____ Date of Birth _____

How did you hear about our office? _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Primary care physician _____

Medical Insurance : _____

Vision Insurance: _____

Ethnicity:

Hispanic

Latino

Other

Preferred language if not

English: _____

Race:

White

Black or African American

Asian

Hawaiian or Pacific Island native

American Indian or Alaska native

Other: _____

Unknown

Health History

General Health:

Developmental disability

Cancer

Fatigue syndrome

Other: _____

ENT:

Hearing loss

Sinusitis

Dry mouth

Laryngitis

Other: _____

Neuro:

MS

Epilepsy

Cerebral palsy

Tumors

Stroke/CVA

Migraines

Other: _____

Psych:

Depression

ADD

Anxiety Disorder

Bipolar

Other: _____

Cardio:

Hypertension

Stroke/CVA

Heart disease

Vascular disease

Congestive heart failure

Other: _____

Respiratory:

Cigarette smoker

Asthma

Bronchitis

Emphysema

Chronic obstruction

Sleep apnea

Other: _____

Gastrointestinal:

Crohn's

Colitis

Ulcer

Acid reflux

Celiac disease

Other: _____

Genitourinary:

Kidney disease

Prostate disease/cancer

STD: Herpes/Chlamydia

Benign prostate hypertrophy

Pregnant

Nursing

Other: _____

Muscular/skeletal:

Arthritis

Osteoarthritis

Fibromyalgia

Muscular dystrophy

Ankylosing spondylitis

Osteoporosis

Gout

Other: _____

Skin/Connective tissue:

Eczema

Rosacea

Psoriasis

Herpes simplex /cold sores

Herpes zoster /shingles

Other: _____

Endocrine:

Type 2 Diabetes Mellitus

Type 1 Diabetes Mellitus

Thyroid dysfunction

Hormone dysfunction

Other: _____

Hematology/Lymph:

Anemia

Large volume blood loss

Ulcer

Hypercholesteremia

Other: _____

Allergy/Immune:

Drug allergies

Environmental allergies

Rheumatoid arthritis

Lupus

Sjogren's syndrome

Other: _____

Please list your current medications (or give list to receptionist)

Drug Name Dose (25mg) Taken how often? (1-daily) Treat for? (blood pressure, etc.)



