

PATIENT REGISTRATION

DATE: _____

PATIENT NAME: _____

PHONE: HOME : _____ CELL : _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

EMAIL ADDRESS: _____

REFERRING DOCTOR: _____ Social Security#: _____ - _____ - _____

PRIMARY CARE DOCTOR: _____

INSURANCE COMPANY NAME: _____

Member ID: _____

2nd INSURANCE COMPANY IF APPLICABLE: _____

Member ID: _____

MEDICATION & DOSE (use back from more space): _____

PHARMACY (name) : _____

PHARMACY (Location) : _____

PRESCRIPTION PLAN? YES NO

ALLERGIES : _____ (medication, latex or food)

FAMILY HISTORY:

MOTHER - AGE _____

ILLNESSES: _____

FATHER - AGE _____

ILLNESSES: _____

OTHER DISEASES WHICH RUN IN
FAMILY: _____

PATIENT (Printed) NAME

DATE

PATIENT or Guardian Signature

DATE

PATIENT'S SOCIAL HISTORY:

Smoke _____ packs per day

Alcohol Frequency: _____

Caffeine Frequency: _____

CURRENT MEDICAL PROBLEMS, PREVIOUS ILLNESS, SURGERY AND DATES OF:

Person to contact in case of an emergency? _____

Phone: _____

Relationship to you? _____

May we leave information with family members? Yes No

SYSTEMIC REVIEW: PLEASE CHECK ALL SYMPTOMS THAT APPLY (Please check N/C if "No Complaints")

CONSTITUTIONAL

- N/C
- Fever/Chills
- Weight Change
Gain or Loss
- Fatigue
- Abnormal Sweating

EYES

- N/C
- Turning Yellow
- Turning Red
- Pain

EARS, MOUTH, NOSE & THROAT

- N/C
- Food Sticking
- Trouble Swallowing
- Nose Bleeds
- Pain
- Bad Taste
- Hearing Loss

CARDIOVASCULAR

- N/C
- Chest Pain
- Palpitations
- Swollen Ankles
- Angina

GENITOURINARY

- N/C
- Frequent Urination
- Burning/Pain with Urination
- Irregular Vaginal Bleeding
- Abnormal Prostate

RESPIRATORY

- N/C
- Cough
- Shortness of Breath
- Emphysema
- Wheezing

SKIN/BREASTS

- N/C
- Rash
- Lesions
- Easy Bruising
- Lump
- Itching

GASTROINTESTINAL

- N/C
- Nausea/Vomiting
- Heartburn
- Black Stool
- Hemorrhoids
- Gallstones
- Constipation
- Diarrhea
- Stomach Pain
- Blood In Stool
- Anal Pain
- Hepatitis
- Pancreatitis

MUSCULOSKELETAL

- N/C
- Rheumatoid Arthritis
- Fibromyalgia
- Osteoarthritis
- Osteoporosis

ALLERGIC/IMMUNOLOGIC

- N/C
- Lupus
- Scleroderma
- Latex Allergy
- HIV/AIDS
- Chronic Sinusitis
- Asthma
- Food Allergy
- Rheumatoid Arthritis

HEMATOLOGIC/LYMPHATIC

- N/C
- Anemic
- B-12 Deficiency
- Lumps

OTHER

NEUROLOGIC

- N/C
- Headache
- Numbness
- Weakness
- Tingling

ENDOCRINE

- N/C
- Thyroid
- Diabetes
- High Cholesterol