

PATIENT REGISTRATION

DATE: _____

PATIENT NAME: _____

PHONE: HOME : _____ CELL : _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

EMAIL ADDRESS: _____

REFERRING DOCTOR: _____ PRIMARY CARE
DOCTOR: _____

INSURANCE COMPANY NAME: _____

2nd INSURANCE COMPANY IF APPLICABLE: _____

GUARANTOR INFORMATION:

POLICY HOLDER 'S NAME (IF NOT THE PATIENT):

POLICY HOLDER'S DATE OF BIRTH (IF NOT THE PATIENT):

POLICY HOLDER'S RELATIONSHIP TO
PATIENT: _____

POLICY HOLDER'S OCCUPATION AND
EMPLOYER: _____

MEDICATION & DOSE: _____

PHARMACY (name & town) : _____

PHARMACY PHONE NUMBER: _____

PRESCRIPTION PLAN? YES NO

ALLERGIES : _____ (medication, latex or food)

FAMILY HISTORY:

MOTHER - AGE _____

ILLNESSES: _____

FATHER - AGE _____

ILLNESSES: _____

OTHER DISEASES WHICH RUN IN

FAMILY: _____

PATIENT NAME AND 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

Blank lines for other symptoms

NEUROLOGIC

- N/C
Headache
Numbness
Weakness
Tingling

ENDOCRINE

- N/C
Thyroid
Diabetes
High Cholesterol