New Patient paperwork

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: (please list all medications including over the counter supplements)

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| --- | --- | --- | --- | --- |
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Preferred Pharmacy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Medical History: (Please Circle what applies)

|  |  |  |
| --- | --- | --- |
| * ADHD
* Allergies
* Alzheimer's Disease
* Anxiety
* Arthritis
* Atrial Fibrillation
* Asperger's Syndrome
* Asthma
* Back Pain
* Bipolar
* Blood Clots
* Cancer
* Cataracts
* Chronic pain
* Congestive Heart Failure
* COPD
* Coronary Artery Disease
* Cohn's Disease
* Dementia
* Depression
* Diabetes Type 1
* Diabetes Type 2
* Down Syndrome
* Emphysema
 | * Epilepsy
* Fibromyalgia
* Frequent Headaches
* GERD
* Gout
* Heart Attack
* Heart Disease
* Hyperlipidemia
* Hypertension
* Hypoglycemia
* Hypothyroidism
* IBS
* Incontinence
* Insomnia
* Kidney Disease
* Liver Disease
* Lung disease
* Lupus
* Lymphedema
* Macular Degeneration
* Mental Illness
* Migraines
* Mitral Valve Prolapse
* MRSA
 | * Multiple Sclerosis
* Muscle Spasms
* Neuropathy
* Obsessive Compulsive Disorder
* Osteoarthritis
* Osteopenia
* Osteoporosis
* Parkinson's
* Peripheral Neuropathy
* Psoriasis
* PTSD
* PVD
* Rheumatoid Arthritis
* Rosacea
* Scoliosis
* Seizures
* Sleep Apnea
* Spinal Stenosis
* Stroke
* Tuberculosis
* Urinary Infections
* Varicose Veins

**Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Surgical History: (Please circle what applies)

|  |  |  |
| --- | --- | --- |
| * Adenoidectomy
* Amputation
* Angioplasty
* Ankle Surgery
* Appendectomy
* Back Surgery
* Biopsy
* Bladder Sling
* Brain Surgery
* Breast Reduction
* Bunionectomy
* Calcaneal Osteotomy
* Carpal Tunnel Surgery
* Cataract Surgery
* Cholecystectomy
* Colon Surgery
* C-Section
* Cyst Removal
* Ear Surgery
* Elbow Replacement
* Elbow Surgery
 | * Eye Surgery
* Foot Surgery
* Gastric Bypass
* Hand Surgery
* Heart Bypass
* Heart Stent
* Heart Surgery
* Hernia Repair
* Hip Replacement
* Hip Surgery
* Hysterectomy
* Kidney Surgery
* Knee Replacement
* Knee Surgery
* Leg Surgery
* Lumpectomy
* Lung Surgery
* Lymphadenectomy
* Mastectomy
* Nasal Surgery
* Neck Surgery
 | * Nephrectomy
* Oophorectomy
* Organ Transplant
* Pacemaker
* Prostate Surgery
* Rotator Cuff Surgery
* Shoulder Surgery
* Sinus Surgery
* Skin Graft
* Spine Surgery
* Stomach Surgery
* Throat Surgery
* Thyroid Surgery
* Tongue Surgery
* Tonsillectomy
* Tonsilloadenoidectomy
* Trigger Finger Surgery
* Tubal Ligation
* Vascular Surgery
* Wrist Surgery

**Other**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Any Family History of:** (Circle all that apply)

**Maternal:** Diabetes type 1, Diabetes type 2, High Blood Pressure, Heart conditions, Bleeding disorders, Arthritis, Cancers

**Paternal:** Diabetes type1, Diabetes type 2, High Blood Pressure, Heart Conditions, Bleeding disorders, Arthritis, Cancers

**Social History:**

 Smoking Status: Smoker Never a Smoker Former Smoker

 How many a day? \_\_\_\_\_\_

 Chewing Tobacco? Yes or No

 Alcohol Use? Yes or No

 Shoe Size? \_\_\_\_\_\_\_\_\_

Have you received this seasons Flu vaccine? Yes or No

If over 65-Have you received a pneumococcal vaccine? Yes or No

If over 65-Do you have an advance care plan or surrogate decision maker if you become unable to speak for yourself? Yes or No