New Patient paperwork

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

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

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

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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)

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| --- | --- | --- |
| * 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