Patient Information Form

Name: _____

DOB: _____

Occupation/Job:_____

Primary Doctor: _____ **Referring Doctor:** _____

Doctors (Heart, Lung, etc.): _____**Pharmacy Name/Location:** _____

Do you have any drug allergies? Y N - please list _____ _____ _____

What medicines do you take? Please circle and list: Aspirin Plavix Coumadin Pradaxa

_____ _____ _____ _____

_____ _____ _____ _____

What surgeries have you had? _____ _____

What medical problems do you have? Please circle: High blood pressure Diabetes High cholesterol

Heartburn Heart attack/Stent/Problems Stroke/TIA COPD/Lung problems Asthma HIV Hepatitis

Sleep Apnea Hypothyroid Arthritis Anemia Depression Anxiety Cancer (type) _____

List any other medical problems: _____

What medical problems or cancers run in your family? _____

Please circle: Married Single Widowed Divorced Separated

Do you smoke? Y N Did you ever smoke? Y N **How much?** Packs/day? _____ **Years smoked?**_____

Do you use smokeless tobacco? Y N **Do you use any recreational drugs?** Y N Which ?_____

Do you drink alcohol? Y N **How much do you drink?** Occasionally 1 2 3 4 5 6 /day

How many caffeinated drinks/day? 1 2 3 4 5 6 **Have you ever had a blood transfusion?** Y N

Please review and circle those which apply to you: Fever Chills Headache Chest pain Easy fatigue Irregular pulse

Fainting Swelling (feet/ankles) Shortness of breath wheezing Cough Use inhaler Bloody phlegm Asthma

Headaches Paralysis Seizures Head injury Dizziness Tired/Sluggish Too Hot/Cold Excessive thirst

Nausea/Vomiting Blood in stool Hemorrhoids Diverticulosis Constipation/diarrhea Ulcer Frequent indigestion

Incontinence Painful urination Blood in Urine Irregular Periods Past Pregnancies Female Operations Frequent

Vaginitis Breast Disease Arthritis Back pain Broken bones Bursitis Hard of hearing Frequent nose bleeds

Hoarseness Glaucoma Wear contacts Sinus problems Sore throat Cataracts Wear glasses Blurred vision Rash

Persistent itching Skin Cancer Swollen glands Abnormal bleeding

SIGNATURE:_____ **DATE:**_____