

PATIENT IDENTIFICATION

Last Name:	First Name:	MI:	Date:
Social Security Number		Date of Birth:	Age:
Address:	Apt #	City	State Zip Code
Home Phone / Cell Phone		Work Phone	
Preferred Language:		Preferred Pharmacy/Location	

RESPONSIBLE PARTY (GUARANTOR) INFORMATION

Relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other			
Last Name:	First Name:	MI:	
Social Security Number		Date of Birth:	
Address:	Apt #	City	State Zip Code
Home Phone		Work Phone	

EMERGENCY CONTACT INFORMATION

Relationship to patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____		HIPAA Privacy rule Accepted: YES/ NO	
Last Name:	First Name:	MI	
Home Phone		Cell Phone	

Past Medical History

HAVE YOU EVER HAD ANY OF THE BELOW DISEASES/ILLNESSES?

	Yes	No		Yes	No
Diabetes			Stroke (CVA) or mini-stroke (TIA)		
High blood pressure			Aneurysm		
High cholesterol			Murmur		
Coronary artery disease (ischemic heart disease)			ASTHMA		
Heart attack (myocardial infarction)			Pulmonary embolism		
Heart failure			Rheumatic fever		
Arrhythmia (heart rhythm problem)			COPD (emphysema)		
Congenital heart disease			Cancer		

New Patient Medical History

Last Name:	First Name:	MI:	Date:
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Other Past Medical History

PLEASE LIST ALL YOUR OTHER MEDICAL PROBLEMS, ILLNESSES, HOPITALIZATIONS, AND OPERATIONS:

Social History

Martial Status Single Married Divorced Widowed		Smoking History Current Prior Never
		Alcoholic beverages Yes No
	Occupation: _____	Occasional
	House _____ Apartment _____ Homeless _____	Methamphetamine use Yes No
Living will Yes No	Marijuana use Yes No	
Power of attorney Yes No	Heroin, Oxycodone, Methadone use Yes No	

Family History

PLEASE CIRCLE ANY CONDITION(S) THAT HAS AFFECTED YOUR FOLLOWING FAMILY MEMBER:

Father	Mother	Siblings	
Heart attack	Heart attack	Heart attack	Anemia
Bypass surgery, angioplasty, or stents	Bypass surgery, angioplasty, or stents	Bypass surgery, angioplasty, or stents	Asthma
Diabetes	Diabetes	Diabetes	Depression
High blood pressure	High blood pressure	High blood pressure	Anxiety
High cholesterol	High cholesterol	High cholesterol	GERD
sudden cardiac death	sudden cardiac death	sudden cardiac death	Scoliosis
Hypertrophic cardiomyopathy	Hypertrophic cardiomyopathy	Hypertrophic cardiomyopathy	Cancer