



New Patient Application and Case History

Name _____ Today's Date ____/____/____

Age _____ Sex: M F DOB ____/____/____

SSN _____ - _____ - _____ married single other Children _____

Race & Ethnicity: Black/AA White Asian Hispanic/Latino Pacific American Indian

employed student other Employer _____

How did you hear about us? doctor friend internet ad _____

Contact Information

May we leave messages

Cell Phone (____) _____

yes _____ No _____

Home Phone (____) _____

yes _____ No _____

Work Phone (____) _____ ext. _____

yes _____ No _____

Email address _____

Please specify if you want Appointment reminders sent by Text message ____ OR Email ____

Address _____ City _____ ST ____ Zip _____

Emergency contact _____ Relation _____ Phone (____) _____

Insurance Information

Insurance company _____ Insured by self spouse parent other

Policy holder (if different) _____ DOB ____/____/____

Health Care Providers and their Roles

Please specify with whom we may share health related info - EX: appointment info, test results

Medication History

Past prescription drugs

Current prescription drugs

Vitamins, Homeopathics & Herbs

Allergies (drugs, foods)

Medical History

Surgeries/Hospitalizations

Date

X-ray/MRI/CT

Date

Past/Recent Illness

Date

Trauma/Injuries

Date

Family History unknown

Maternal

Paternal

Social History

Pregnancy status: no never trying due ____/____/____

Diet: vegetarian/vegan excellent needs work special_____

Stress reduction: none hobby meditate acupuncture other_____

Stretching: none yoga some

Exercise: none weights cardio sport other_____

Alcohol: Y N Drinks/week _____

Smoking status: current quit never decline Packs/day _____

Dr. Initial_____

Review of Systems: Past and Current

Patient name: _____

Date: _____

Have you ever had the following? (circle "P" for past and "C" for current - leave blank if you have not experienced)

CONSTITUTIONAL

- P C Fatigue
- P C Recent weight change
- P C Fever

EYES

- P C Blurred/double vision
- P C Glasses/contacts
- P C Eye disease or injury

EAR/NOSE/MOUTH/THROAT

- P C Swollen glands in neck
- P C Hearing loss or ringing
- P C Earaches or drainage
- P C Chronic sinus problems
- P C Nose bleeds
- P C Mouth sores / bleeding gum
- P C Bad breath / bad taste
- P C Sore throat or voice change

CARDIOVASCULAR

- P C High or Low Blood Pressure
- P C Shortness of breath
- P C Heart disease
- P C Chest pain / angina
- P C Palpitation
- P C Mitral Valve Prolapse
- P C Feet or Ankle Swelling
- P C Spitting up Blood

GENITOURINARY

- P C Frequent urination
- P C Burning or painful urination
- P C Blood in urine
- P C Change in urinating
- P C Kidney stones
- P C Sexual difficulty
- P C Male : testicle pain
- P C Female: irregular periods
- P C Female: pregnant
- P C Bladder Infections
- P C Kidney Disease
- P C Hemorrhoids

GASTROINTESTINAL

- P C Abdominal pain
- P C Nausea or Vomiting
- P C Rectal blood/blood in stool
- P C Painful BM / constipation
- P C Ulcer
- P C Change in bowel movement
- P C Frequent diarrhea
- P C Loss of appetite

RESPIRATORY

- P C Chronic or Frequent Cough
- P C Spitting up Blood
- P C Pneumonia/Bronchitis
- P C Wheezing
- P C Asthma

ENDOCRINE

- P C Gland or hormone problem
- P C Excessive thirst or urination
- P C Heat or cold intolerance
- P C Skin becoming dryer
- P C Change in hat or glove size
- P C Diabetes
- P C Thyroid Disease

MUSCULOSKELETAL

- P C Back pain
- P C Joint pain
- P C Joint stiffness and swelling
- P C Muscle pain or cramps
- P C Muscle or joint weakness
- P C Difficulty walking
- P C Cold extremities

INTEGUMENTARY (skin, breast)

- P C Change in skin color
- P C Change in Hair or Nails
- P C Varicose veins
- P C Breast pain / discharge
- P C Breast lump
- P C Hives or Eczema
- P C Rash or itching
- P C Hair Loss

NEUROLOGICAL

- P C Headaches
- P C Mental "Fog"
- P C Convulsions or seizures
- P C Numbness or tingling
- P C Tremors
- P C Paralysis
- P C Head injury
- P C Light headed or dizzy
- P C Stroke

HEMATOLOGIC/LYMPH

- P C Slow to heal after cut
- P C Easy bleeding/ bruising
- P C Anemia
- P C Phlebitis
- P C Past transfusion
- P C Enlarged glands
- P C Blood Transfusions
- P C Hepatitis
- P C Cancer
- P C Infectious Mono
- P C AIDS or HIV+
- P C Venereal Disease
- P C Chicken Pox

PSYCHIATRIC

- P C Depression
- P C Insomnia
- P C Memory Loss
- P C Nervousness
- P C Confusion

DIAGNOSED CONDITIONS NOT LISTED ABOVE:

NOTES:

Dr. Initial _____