Office Use Only:

Wt:____________ Ht:______________

Temp: ________________________

BP: ____________/______________

Pulse: _________ Resp:____________

You will be required to present your current insurance card at each visit. Your insurance co-payment is due at the time of your visit.
Thank You for your cooperation.

Today's Visit

Name: ____ Date: __________________ DOB:________________

Type of Insurance: ____

Do you smoke? Yes No How many cigarettes per day? ____________________________________

Please describe the main reason for today's visit: ____
____
____

Have you received any treatments, surgeries, or medications from any other doctors since your last visit? Yes No If yes, please describe: ____
____
____

Have any of your first relatives (mother, father, sisters, brothers) developed any serious illnesses since your last visit? Yes No If yes, please describe:_________________________
____
____

Have you experienced any allergies or adverse reactions to any medications since your last visit? Yes No If yes, please describe:____
____
____

Have you changed your lifestyle habits (diet, exercise, tobacco, or alcohol usage) since your last visit? Yes No If yes, please describe:____
____
____

List all medications(including over the counter & herbal) you are currently taking:

Medication	Dosage	Frequency

Office Use Only: