Health

Patient Name: ________________________________ Gender: ________________

Date of Birth: ________________________________ Age: ________________
(Month-Day-Year)

Health Card Number: ___________________________ Expiry Date: ______________

Full Address: ____

____

Phone:

(Home) __________________ (Cell) ___________________ (Work) __________________

Current Doctor: ________________________ **Past Doctor/Specialists**: _____________________

_____________________________________ ____

Current Medical Issues/ Concerns:

_____________________________________ ____

Past Medical History: **Date:** **Surgeries**: **Date:**

_____________________________________ ____
_____________________________________ ____
_____________________________________ ____

Medication List (Name, Dose, Frequency or Pharmacy Print out) PLEASE BRING TO YOUR FIRST VISIT

_____________________________________ ____
_____________________________________ ____

Allergies/ Sensitivities (i.e. drug and food)

____

Smoker: Y / N / Never Previous Smoker: Quit _____years ago Number of years Smoked: _______

Alcohol: Y / N Average amount per week: _________ Recreational Drug use: Y / N

Family History (i.e. High Blood Pressure, Diabetes, Heart Attack, Cancer) –type and age of diagnosis of medical condition.

Mother: ____

Father: ____

Health

Preventative Health

When was your last?	Date:	Where was it preformed?
Full Physical		
PAP (Female Only)		
Mammogram (Female Only)		
Colonoscopy/ Colon Screening		
Bone Density Test		
PSA Prostate Blood Test (Male Only)		

Immunizations:

Please bring yellow Immunization Card if available

Tetanus	Y / N	Year:
Pneumonia	Y / N	Year:
Shingles	Y / N	Year:
Flu	Y /N	Year:

NARCOTICS

Our office maintains a strict narcotic policy to minimize the potential for misuse. Prior treatment and existing narcotic prescriptions do not guarantee that narcotics will be prescribed for you. **PLEASE KNOW THAT NARCOTICS WILL NOT BE PRESCRIBED AT THE FIRST PATIENT VISIT.** Narcotic use over 7 days will require all patients to sign a narcotic use contract. Patients suspected of narcotic prescription misuse will be subjected to possible termination of the patient- physician relationship.

PRESCRIPTION RE-FILLS

Our office uses discretion when it comes to refilling prescriptions via FAX or PHONE. It may take upwards of 5 days to refill the prescription. It is the patient's responsibility to book an appointment with their health care provider at least one week before running out of any medications. The doctor will prescribe the amount he or she feels you will need before you need to see them again in the office.

By signing below, you acknowledge that you read and understand the declaration and have answered all questions truthfully.

____

Signature / Parent or Guardian Signature

(Please print a label)