

Patient Name _____

Date _____

Thank you for making an appointment for your first visit to our office. These questions are intended to assist you in providing me with information related to your health. If there are questions which are unclear to you, please leave them blank and we will discuss them at your visit.

1. Do you have any current concerns or problems with your health? Y N

If so, please

describe: _____

2. Please list all medications (prescription and over the counter) that you take on a regular basis and bring all of these to your appointment. Circle any you may need refilled at your visit.

3. Do you use a mail service pharmacy to obtain your medications? Y N

4. Are you allergic to any drugs? Y N Please indicate which:

5. Do you use any other drugs (marijuana, cocaine, etc?) Y N

6. Is there anything else you would like to discuss?

PLEASE BE SURE TO BRING YOUR INSURANCE CARD AND REFERRAL FORM (IF REQUIRED BY YOUR INSURANCE) FROM THE OFFICE REFERRING YOU. ALSO BRING ANY TEST RESULTS, XRAYS, OR REPORTS FROM YOUR DOCTOR WITH YOU TO YOUR APPOINTMENT.