

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SS# \_\_\_\_\_ SEX: M F (circle) MARITAL STATUS: S M D W (circle one)  
ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

PRIMARY PHONE: \_\_\_\_\_ CELL? Y N 2<sup>ND</sup> PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE /PARENT/LEGAL GUARDIAN: (circle) NAME: \_\_\_\_\_

WORK PHONE \_\_\_\_\_ 2<sup>ND</sup> Phone: \_\_\_\_\_

INSURANCE CARD HOLDER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NEAREST RELATIVE OR EMERGENCY CONTACT NOT LIVING WITH YOU: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

WERE YOU REFERRED TO THIS OFFICE?: Y N IF YES, BY WHOM? \_\_\_\_\_

IF YOU WERE NOT REFERRED, HOW DID YOU CHOOSE THIS OFFICE? \_\_\_\_\_

FAMILY OR PERSONAL PHYSICIAN FULL NAME: \_\_\_\_\_

PHONE# \_\_\_\_\_

REASON FOR TODAYS VISIT: \_\_\_\_\_

**MEDICAL INFORMATION:**

Any Drug Allergies? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Tobacco Use? current \_\_\_\_\_ past \_\_\_\_\_ Alcohol Use? current \_\_\_\_\_ past \_\_\_\_\_

**Significant past or present medical problems:** Past(year)/ present

Arthritis/Rheumatism (type): \_\_\_\_\_ / \_\_\_\_\_

Bleeding Disorder: \_\_\_\_\_ / \_\_\_\_\_

Liver Disease/Hepatitis A, B or C: \_\_\_\_\_ / \_\_\_\_\_

Cancer (type): \_\_\_\_\_ / \_\_\_\_\_

History of Skin Cancer?: \_\_\_\_\_ / \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Diabetes: \_\_\_\_\_ / \_\_\_\_\_

Frequent Infections: \_\_\_\_\_ / \_\_\_\_\_

HIV or other immunosuppression: \_\_\_\_\_ / \_\_\_\_\_

Heart Attack/Stroke: \_\_\_\_\_ / \_\_\_\_\_

Heart Valve Disease or Surgery: \_\_\_\_\_ / \_\_\_\_\_

Other Physical or Mental Disability \_\_\_\_\_

Other \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Do any diseases run in your family? \_\_\_\_\_

**IF PATIENT IS A MINOR (UNDER 18 YRS) PLEASE READ AND SIGN THE FOLLOWING:**

I hereby authorize Dr. Lisa Garner, her associates or assistants to provide medical treatment to my child, \_\_\_\_\_, and agree to pay all charges for this treatment.

Parent / Legal Guardian- (circle one) **Print Name:** \_\_\_\_\_

Parent or Legal Guardian: **Signature** \_\_\_\_\_

Office use:

Guardianship documents in file? Y N