PATIENT INFORMATION FORM

	ime: First		Last			Middle	Date of Birth:
Address:	Street		City			State	Zip Code:
Phone:	Residence ()		Business ()			Occupation:	
What is the Best Time to Call?				,		Alternate Phone #:	
						()	
(Please Che	eck One)	☐ Single ☐ Marr	ied 🚨 Divorced	☐ Wid	owed [Separated	
Physician		Physician's Ph	none #:			Who may we	thank for referring you?
		()					
Who Will Pay This Account?				Spouse/Parent:			
Emergency Contact:				Emergency Contact #:			
Emergency	Contact:			(ncy cont)	act #:	
Do You Ha	ave Dental	Insurance?	Insurer:	•	,		
	No	mourance.	mourer.				
SSN #:							
Are you now	v taking any	drug or medicine?	-	Yes	☐ No		
Have you be	een hospitali:	zed in the last two y	ears?	Yes	☐ No		
•	•	tive to ANYTHING (Drugs, dental	Yes	☐ No	If Yes, Please	state allergy here:
	, penicillin, et	•		□ Vaa	□ Na		
Have you ever taken cortisone or steroids? Do you have shortness of breath easily?				☐ Yes	□ No		
Do you have	a snortnass c	Do your ankles often swell?					
-		-		☐ Yes	□ No		
Do your ank	des often sw	-		☐ Yes	☐ No		
Do your ank Do you smo	des often sw	ell?			□ No		
Do your ank Do you smo	des often swo ke?	ell?		☐ Yes☐ Yes	☐ No		
Do your ank Do you smo	kles often swo ke? ly: Are you p	ell?	ad any of the belo	☐ Yes☐ Yes☐ Yes☐ Yes☐	□ No □ No □ No	lease circle all r	elevant choices.)
Do your ank Do you smo	kles often swo ke? ly: Are you p	ell? regnant? nave or have you ha	-	☐ Yes☐ Yes☐ Yes☐ Yes☐	□ No □ No □ No	lease circle all r	elevant choices.) X-ray Therapy
Do your ank Do you smo Females onl	kles often swo ke? ly: Are you p Do you h	ell? oregnant? nave or have you ha	E	☐ Yes☐ Yes☐ Yes☐ Yes☐ w condit	□ No □ No □ No		·
Do your ank Do you smo Females onl Cong	kles often swoke? ly: Are you p Do you h Heart Troub	ell? regnant? nave or have you hable Lesions	- E	Yes Yes Yes Yes we condit	□ No □ No □ No □ No		X-ray Therapy
Do your ank Do you smo Females onl Cong	kles often swo ke? ly: Are you p Do you h Heart Troub genital Heart	ell? regnant? nave or have you have ble Lesions Disease	E , Joint F	Yes Yes Yes Yes we condit	□ No □ No □ No □ No		X-ray Therapy Stomach, Intestinal Trouble
Do your ank Do you smo Females onl Cong Cong	kles often swo ke? ly: Are you p Do you h Heart Troub genital Heart genital Heart	ell? regnant? nave or have you have ble Lesions Disease nur	E / Joint F Pr	Yes Yes Yes Wes Wes Wes Wes Wes Wes Wes Wes	□ No □ No □ No ions? (Pl		X-ray Therapy Stomach, Intestinal Trouble Stroke
Do your ank Do you smo Females onl Cong Cong	kles often swoke? ly: Are you p Do you h Heart Troub genital Heart genital Heart Heart Murm	ell? pregnant? pave or have you have ble Lesions Disease pur pregery	E Joint F Pn Bleed	Yes Yes Yes Yes Wes Yes Yes Yes Yes	□ No □ No □ No ions? (Pl	\$	X-ray Therapy Stomach, Intestinal Trouble Stroke Circulatory Problems
Do your ank Do you smo Females onl Cong Cong Op Art	kles often swoke? ly: Are you p Do you h Heart Troub genital Heart genital Heart Heart Murm oen Heart Su	ell? regnant? nave or have you have le Lesions Disease hur urgery Valve	E Joint F Pr Bleed	Yes Yes Yes Wes Ow condit	□ No □ No □ No ions? (Pl	\$	X-ray Therapy Stomach, Intestinal Trouble Stroke Circulatory Problems Blood Disease
Do your ank Do you smo Females onl Cong Cong Art	kles often swoke? ly: Are you p Do you h Heart Troub genital Heart Heart Murm ben Heart Su tificial Heart	ell? nave or have you have ble Lesions Disease nur urgery Valve aker	Joint F Pr Bleed Tul	Yes Yes Yes Yes Wes Epilepsy Asthma Replacementation Proble Arthritis	□ No □ No □ No ions? (Pl	\$	X-ray Therapy Stomach, Intestinal Trouble Stroke Circulatory Problems Blood Disease re, Ear, Nose, Throat Trouble
Do your ank Do you smo Females onl Cong Cong Art	cles often swo ske? ly: Are you p Do you h Heart Troub genital Heart Heart Murm Den Heart Su tificial Heart	ell? pregnant? pave or have you have ble Lesions Disease pur pregery Valve aker ever	Joint F Pr Bleed / Tut Vene	Yes Yes Yes Wes Wes Wes Asthma Replacemonia Grey Wes Arthritis Derculosis	□ No □ No □ No ions? (Pl	\$	X-ray Therapy Stomach, Intestinal Trouble Stroke Circulatory Problems Blood Disease re, Ear, Nose, Throat Trouble Hepatitis
Do your ank Do you smo Females onl Cong Cong Art	cles often swoke? ly: Are you p Do you h Heart Troub genital Heart genital Heart Heart Murm ben Heart Su tificial Heart Heart Pacema	ell? pregnant? pregnant? pregnant? pregnant? pregnant? pregnant? pregnant? pregnant pre	Joint F Pr Bleed / Tub Vener	Yes Yes Yes Yes Weshard Yes Asthma Replacementating Problet Arthritis Descriptions Areal Disea	□ No □ No □ No ions? (Pl	\$	X-ray Therapy Stomach, Intestinal Trouble Stroke Circulatory Problems Blood Disease re, Ear, Nose, Throat Trouble Hepatitis Sinus Trouble