

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Please Provide Your E-Mail Address: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Name you would like to be called.: \_\_\_\_\_  
Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Your Employer: \_\_\_\_\_  
Person to Notify in Emergency: \_\_\_\_\_ Phone#: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Address / Phone: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Who may we thank for referring you to us: \_\_\_\_\_

### Privacy Information Preferences

Exempt from public reporting? Yes/No \_\_\_\_\_  
Who can we leave messages with? Wife: \_\_\_ Husband: \_\_\_ Son: \_\_\_ Daughter: \_\_\_ Other: \_\_\_  
Name (s): \_\_\_\_\_

#### Vital Signs

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**\*For Office Use Only\***

#### Smoking Status

Current Every Day Smoker \_\_\_ Never Smoker \_\_\_  
Current Some Day Smoker \_\_\_ I decline to answer \_\_\_  
Former Smoker \_\_\_

#### Current Medications

No Known Medications \_\_\_ My Medications \_\_\_  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_

#### Allergies

No Known Allergies \_\_\_ No Known Drug Allergies \_\_\_  
Name: \_\_\_\_\_ Reactions: \_\_\_\_\_  
Name \_\_\_\_\_ Reactions: \_\_\_\_\_  
Name \_\_\_\_\_ Reactions: \_\_\_\_\_  
Name \_\_\_\_\_ Reactions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_