## PATIENT REGISTRATION

| Today's Date:  | Allergies:             |   |  |   |  |  |
|--|------------------------|---|--|---|--|--|
| PATIENT INFORMATION                                    |                        |   |  |   |  |  |
| Last Name  |                        |   |  |   |  |  |
| Address  |                        | City                                      |  |   |  |  |
| StateZip   |                        |   |  |   |  |  |
| Email  |                        |   |  |   |  |  |
| Birth Date/ Age  |                        |   |  |   |  |  |
| S.S.#  | D                      | rivers License#                           |  |   |  |  |
| Employer   |                        | Te  | lephone#   |   |  |  |
| Address  | C                      | ty  | State  | Zip   |  |  |
| Person Financially Responsible for Pay<br>Relationship | ment (if not yourself) |   |  |   |  |  |
| INSURANCE INFORMATION                                  |                        |   |  |   |  |  |
| Primary Insurance                                      |                        |   | iber   |   |  |  |
| Subscribers Date of Birth/                             |                        |   |  | * 6   |  |  |
| S.S.#  |                        |   |  |   |  |  |
| Secondary Insurance                                    |                        |   |  |   |  |  |
| Subscribers Date of Birth/                             |                        |   |  |   |  |  |
| Insurance Card #                                       |                        |   |  |   |  |  |
| Do you have any other insurance                        |                        |   |  |   |  |  |
| Insurance Co.  |                        | Subscrib                                  | er   |   |  |  |
| ADDITIONAL INFORMATIO                                  |                        |   |  |   |  |  |
| WHOM TO NOTIFY IN CASE OF                              |                        | эт на | A Andréis (an fheir fheir Franch (an fheir | titind tragginadigi kisarun titidan satu ahan yanga kan gan ahan kunin man sa aka san sam |  |  |
| Name   |                        | Teleph                                    | none #   |   |  |  |
| Relationship   |                        |   | ettitino ji tilalish invenih ad idahililindiri koʻlopiya koʻlada Tiradasa da gandana   |   |  |  |
| How did you hear about us?                             |                        |   |  | :   |  |  |

## **HEALTH HISTORY**

(Confidential)

| hat is your reason for visit?  YMPTOMS Check (  ) syn  |   |                          | -                                 |                       |                 |  |  |  |
|--|---|--------------------------|-----------------------------------|-----------------------|-----------------|--|--|--|
| YMPTOMS Check (✓) sym  |   |                          | Date of last physical examination |                       |                 |  |  |  |
| OFNEDAL  | Maria Company of the |                          | department manufacturing          |                       |                 | urgo, and communities are start and discoupled to Carlo Telephone (Authorities Carlo |  |  |
| GENERAL  |   | GASTROINTESTINAL         |                                   | YE, EAR, NOSE, THROAT |                 | MEN only   |  |  |
| Chills   |   | Appetite poor            |                                   | Bleeding gums         |                 | Breast lump  |  |  |
| Depression   |   | Bloating                 |                                   | Blurred vision        |                 |  |  |  |
| Dizziness  |   | Bowel changes            |                                   | Crossed eyes          |                 | Lump in testicles  |  |  |
| Fainting   |   | Constipation             |                                   | Difficulty swallowing |                 | Penis discharge  |  |  |
| Fever  |   | Diarrhea                 |                                   | Double vision         |                 | Sore on penis  |  |  |
| Forgetfulness  |   | Excessive hunger         |                                   | Earache               |                 | Other  |  |  |
| Headache   |   | Excessive thirst         |                                   | Ear discharge         |                 | WOMEN only   |  |  |
| Loss of sleep  |   |                          |                                   | Hay fever             | _               | Abnormal Pap Smear   |  |  |
| Loss of weight   |   | Hemorrhoids              |                                   | Hoarseness            |                 |  |  |  |
| Nervousness  |   | Indigestion              |                                   | Loss of hearing       | -               | Breast lump  |  |  |
| Numbness   |   | Nausea                   |                                   | Nosebleeds            |                 |  |  |  |
| Sweats   |   | Rectal bleeding          |                                   | Persistent cough      |                 | Hot flashes  |  |  |
| MUSCLE/JOINT/BONE  |   | Stomach pain             |                                   | Ringing in ears       | and the same of | Nipple discharge   |  |  |
| Pain, weakness, numbness, in:  |   | Vomiting                 |                                   | Sinus problems        |                 |  |  |  |
| ☐ Arms ☐ Hips  |   | Vomiting blood           |                                   | Vision - Flashes      |                 | Vaginal discharge  |  |  |
| ☐ Back ☐ Legs  |   | CARDIOVASCULAR           |                                   | Vision - Halos        |                 |  |  |  |
| ☐ Feet ☐ Neck  |   | Chest pain               |                                   | SKIN                  |                 | ate of last  |  |  |
| ☐ Hands ☐ Shoulders  |   | High blood pressure      |                                   | Bruise easily         | m               | enstrual period  |  |  |
| GENITO-URINARY   |   | Irregular heart beat     |                                   | Hives                 |                 | ate of last  |  |  |
| ☐ Blood in urine   |   | Low blood pressure       |                                   | Itching               |                 | ap Smear   |  |  |
| Frequent urination   |   | Poor circulation         |                                   | Change in moles       | H               | ave you had  |  |  |
| Lack of bladder control  |   | Rapid heart beat         |                                   | Rash                  |                 | mammogram?   |  |  |
| Painful urination  |   | Swelling of ankles       |                                   | Scars                 |                 | re you pregnant?   |  |  |
|  |   | Varicose veins           |                                   | Sore that won't heal  | N               | umber of children  |  |  |
| CONDITIONS Check (/) co  | onditio   | ns you have or have had  | d in the                          | past.                 |                 |  |  |  |
| AIDS   |   | Chemical Dependency      |                                   | High Cholesterol      |                 | Prostate Problem   |  |  |
| ☐ Alcoholism   |   | Chicken Pox              |                                   | HIV Positive          |                 | Psychiatric Care   |  |  |
| Anemia   |   | Diabetes                 |                                   | Kidney Disease        |                 | Rheumatic Fever  |  |  |
| ☐ Anorexia   |   | Emphysema                |                                   | Liver Disease         |                 | Scarlet Fever  |  |  |
| Appendicitis   |   | Epilepsy                 |                                   | Measles               |                 | Stroke   |  |  |
| ☐ Arthritis  |   | Glaucoma                 |                                   | Migraine Headaches    |                 | Suicide Attempt  |  |  |
| ☐ Asthma   |   | Goiter                   |                                   | Miscarriage           |                 | Thyroid Problems   |  |  |
| ☐ Bleeding Disorders   |   | Gonorrhea                |                                   | Mononeucleosis        |                 | Tonsillitis  |  |  |
| ☐ Breast Lump  | -   | Gout                     |                                   | Multiple Sclerosis    |                 | Tuberculosis   |  |  |
| ☐ Bronchitis   |   | Heart Disease            |                                   | Mumps                 |                 | Typhoid Fever  |  |  |
| ☐ Bulimia  |   | Hepatitis                |                                   | Pacemaker             |                 | Ulcers   |  |  |
| ☐ Cancer   |   | Hernia                   |                                   | Pneumonia             |                 | Vaginal Infections   |  |  |
| ☐ Cataracts  |   | Herpes                   |                                   | Polio                 |                 | Venereal Disease   |  |  |
| MEDICATIONS List medica  | ations  | you are currently taking | SUMMAND CONTRACTOR SUMMANDERS     | ALLERGIES To          | medi            | cations or substances  |  |  |
| . 4  |   |                          |                                   |                       |                 |  |  |  |
|  |   |                          |                                   |                       |                 |  |  |  |
|  |   |                          |                                   |                       |                 |  |  |  |
| Managements of the contract of |   |                          |                                   |                       |                 |  |  |  |

(All information is strictly confidential)

| Relation                                | Age  | State of<br>Health   | Age at<br>Death  | Caus   | se of Death  | Chec                   | k (√) if, your b<br>Dise  | latives had  | any of the followin<br>Relationship to you   |  |
|---|--|--|--|--|--|------------------------|---|--|--|--|
| Father                                  |  |  |  |  |  |                        | Arthritis, Gout   |  |  |  |
| Mother                                  |  |  |  |  | SCOVER CONTROL OF STREET S   | Asthma, Hay Fever      |   |  |  |  |
| Brothers                                |  |  |  |  |  |                        | Cancer  |  |  |  |
|   |  |  |  | a conjugate to the state of the |  |                        | Chemical De   | penden   | су   |  |
|   |  | -  |  |  |  | - 2                    | Diabetes  |  |  |  |
|   | December and the first state of  |  | and delicated the second   |  |  |                        | Heart Diseas  | e, Strok   | es   |  |
| Sisters                                 |  |  | The second secon | почина и навитанто на изполно и на учер нарадно, пода  | intermediation of the majoric supposes and purposed reports in 1970 to 1970 to 1970 to 1970 to 1970 to 1970 to   |                        | High Blood P  | ressure  | and the same of th | The form and all the first the contract of the |
|   |  |  | The second secon |  |  |                        | Kidney Disea  | se   | S. C.  |  |
|   |  |  |  |  |  |                        | Tuberculosis  |  |  |  |
|   |  |  | - Contract of the Contract of  |  |  |                        | Other   |  |  |  |
| HOSPITA<br>Year                         | LIZATI   | ONS<br>Hospit  | al   | Reas   | son for Hospit   | alization              | and Outcome   | PRE<br>Year of<br>Birth  | GNANCY F<br>Sex of<br>Birth  | IISTORY<br>Complications if ar   |
|   |  |  |  |  |  |                        |   |  |  |  |
|   |  |  |  |  |  |                        |   |  | The state of the s |  |
|   | secretario   |  |  |  |  |                        |   |  |  |  |
|   |  |  |  |  |  |                        |   |  |  |  |
|   |  |  |  |  |  |                        |   |  | Appropriate and the second sec |  |
|   |  |  |  |  |  |                        |   | and the same of th | And the state of t |  |
|   |  |  |  |  |  |                        |   | and the same of th | es any april esta de la company de la compan |  |
|   | opportunities of the same of t |  |  | Annual Control of the |  |                        |   | HEALTH HABITS Check (/) who substances you use and described how much you use.   |  |  |
|   |  | ment at time to the control of the c |  |  | ky contract of the period of the Asian Contract Technique (the Asian Asian) was in the period the second period  |                        |   |  | Caffeine   |  |
|   |  |  | d transfus<br>mate dates   |  | Yes No   |                        |   |  | Tobacco<br>Drugs   |  |
| SERIOUS ILLNESS/INJURIES                |  |  | DATE   | OU   | OUTCOME  |                        | Other   |  |  |  |
|   | AMILES OF THE PROPERTY OF  |  |  |  |  |                        |   | The state of the s |  |  |
|   |  |  |  |  |  |                        |   | The state of the s |  |  |
|   |  |  |  |  |  |                        |   | Che  |  | L CONCERNS<br>ur work exposes you  |
|   |  |  |  | Projection is delicated asserting a secretary companied  |  |                        |   |  | Stress   |  |
| *************************************** | **************************************   | t (Tarrajan et ar la julija et (Tarrajan et ar la  |  |  |  |                        |   |  | -  | is Substances  |
|   | 7  |  |  |  |  |                        |   | and an artist of the second  | Heavy Lif  |  |
|   |  |  |  |  |  |                        |   | The second secon | Other  |  |
|   |  |  |  |  |  |                        | Processorae communication in the second company of the processor and the second company of the second company | Your   | occupation   | •  |
|   |  | compartment and statement of the forest  |  |  |  |                        |   | 100  | occapation   | •  |
| certify that<br>sponsible               | at the a   | above infor<br>y errors or   | mation is comissions   | orrect to that I may   | the best of my<br>have made in   | knowledg<br>the comple | e. I will not ho<br>etion of this form  | ld my c  | loctor or ar   | y members of his/h   |
|   |  |  | Sigr   | nature   |  |                        |   |  |  | Date   |
|   |  |  | Revie  | wed By   | and the second s |                        |   | -  | and the subject to the Company of th | Date   |