

## 1820 43<sup>rd</sup> Ave Suite B Vero Beach, Florida 32960

Patient Name:		Today's Date:		
Date of Birth:	Social Security NumberPhone Number_	per:		
Email:	Phone Number_			
Referred by:				
Preferred Pharmacy:	Home Ad	ddress		
Reason for today's visit:				
Family History:				
Mother: Living, medical cond	ditons			
Deceased, cause of	ı ucalıı			
Father: Living, medical cond	3111ONS			
Deceased, cause of	f death			
List how many children: List any medical conditions o	son(s),daughter(s) f the children:			
Social History:				
Alcohol Consumption: Yes/N	o/Quit. How often, 7	Type, Quit date		
Recreational Drugs: Yes/No/Quit. How often, Type, Quit date				
Tobacco use: Yes/No/Quit. How often, Type, Quit date				
Would you like more informat	tion on how to quit? Yes or N	No?		
Occupation:				
Sexual Partners: Male, Fema	ale, or Both			
Sexually active: Yes or No				
Marital Status: Married, Divor	rced, Widowed, Significant other,	r, Single		
Madiaatian Allargiaa				
Medication Allergies:				
Madication: (Places inclus	de vitamins and supplements)			
		How often:		
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Medical History:	Yes or No:			Type, Diagnosis date:
Anemia		Υ	N	
Arthritis		Υ	N	
Atrial Fibrillation		Υ	N	
Blood Clots		Υ	N	
Cancer		Υ	N	
Cellulitis		Υ	N	
Colitis		Υ	N	
COPD		Υ	N	
Crohn's Disease		Υ	N	
Diabetes		Υ	N	Type 1 OR Type 2
GERD		Υ	N	
Heart Attack		Υ	N	
Hepatitis		Υ	N	Type A/B/C
Hypertension (High Blood Pressure)		Υ	N	
Hypothyroidism		Υ	N	
Lung Disease		Υ	N	
Lyme's Disease		Υ	N	
MRSA		Υ	N	
Multiple Sclerosis		Υ	N	
Osteoporosis		Υ	N	
Psoriasis		Υ	N	
Stroke		Υ	N	
Chronic Kidney Disease		Υ	N	
HIV/AIDS		Y	N	Year: Contracted:

Surgical History:	Yes or No	:		Type/	Date:	
Appendectomy			Υ	N		
Arthroscopic Surgery			Υ	Ν		



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Cosmetic Surgery	Y	N	
Gallbladder Removal	Y	N	
Hernia Repair	Υ	N	
Hysterectomy	Υ	N	
Joint Replacement	Υ	N	
Pacemaker Placement	Υ	N	
Skin Cancer Removal	Υ	N	
Spinal Surgery	Υ	N	
Tonsillectomy	Υ	N	
Vascular Surgery	Υ	N	

Signature	Data
Signature	DateDate