



NEW PATIENT INFORMATION FORM

Please print clearly:

The following in yellow MUST be filled out for Dr. Lori Puskar’s legal requirement to the Florida Board of Health Professionals

Name _____ Date _____

Physical Address (No PO Box) _____

City _____ State _____ ZIP _____

Primary Phone _____ Please Circle (mobile / home / work / other)

Secondary Phone _____ Please Circle (mobile /home/work/other)

E-mail address: _____

Social Security# (Required for all lab tests): _____

Date of Birth _____ Age _____ Gender: M / F _____ Height _____ Weight _____

HOW DID YOU HEAR ABOUT US? _____

Occupation _____ Employer _____

1. Please list your Health Symptoms/Problems/Concerns/Complaints: (in priority order)

2. What would be the personal benefit(s) to having the above Health Situations handled?

3. Current medications/drugs being taken.

4. Are you currently under the care of a physician or other health care professionals? (If yes, please give name/date of last visit):

5. List any previous major illnesses, diagnoses, accidents, or surgeries (with approx. dates):

6. What can we do to make you happier?

7. If we were to do media promotions, which source would you most likely to see them? (circle all that apply)

Facebook	Instagram	Text	Email
Bulletin Boards	Mailed Letters	Mailed Postcards	Other_____

8. What are the best days and times for you to have an appointment? (Please circle all that apply)
(circle all days that are best) (circle all times that are best)

Monday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Tuesday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Wednesday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Thursday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Friday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Saturday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Sunday	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm

All of the above is true to the best of my knowledge:

Print (Patient Name)

Patient Sign (Parent/Guardian, if under 18)

Date