



CARLEY MCLAUGHLIN, APRN-CNP
FAMILY NURSE PRACTITIONER
1709 W. 33RD STREET EDMOND, OK 73013
405-229-8209
PRISTINEHEALTHOK.COM

NEW PATIENT INFORMATION

PATIENT NAME _____ DOB _____ SEX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

DO YOU CONSENT TO RECEIVING TEXT MESSAGES FROM PRISTINE HEALTH? YES _____ NO _____

INSURANCE INFORMATION

PRIMARY INSURANCE _____ MEMBER NUMBER _____

GROUP NUMBER _____

NAME OF PERSON WHO CARRIES INSURANCE _____

RELATIONSHIP TO PATIENT _____ CARRIERS DOB _____

SECONDARY INSURANCE _____ MEMBER NUMBER _____

GROUP NUMBER _____

NAME OF PERSON WHO CARRIES INSURANCE _____

RELATIONSHIP TO PATIENT _____ CARRIERS DOB _____

IF PATIENT IS UNDER 18

PARENT/GUARDIAN NAME _____ DOB _____ SEX _____

ADDRESS _____ CITY _____ STATE _____

CELL PHONE _____ HOME PHONE _____

WORK PHONE _____



CARLEY MCLAUGHLIN, APRN-CNP
FAMILY NURSE PRACTITIONER
1709 W. 33RD STREET EDMOND, OK 73013
405-229-8209
PRISTINEHEALTHOK.COM

NO SHOW FEE

I UNDERSTAND THAT I MUST GIVE 24 HOURS NOTICE OF AN APPOINTMENT CANCELLATION OR WILL BE CHARGED A \$50 NO SHOW FEE.

SIGNATURE _____ DATE _____

HIPAA GUIDELINES

I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE HIPAA GUIDELINES DOCUMENT AVAILABLE AT PRISTINEHEALTHOK.COM.

SIGNATURE _____ DATE _____

SOCIAL HISTORY

TOBACCO USE? NEVER _____ QUIT _____ YEAR QUIT _____ CURRENT SMOKER _____
PACKS PER DAY _____ SMOKED FOR _____ YEARS
SMOKELESS TOBACCO _____ AMOUNT PER DAY _____
CIGARS _____ AMOUNT PER DAY _____ MEDICAL MARIJUANA USER _____

ALCOHOL USE? YES _____ NO _____ DRINKS PER WEEK _____
CAFFEINE USE? YES _____ NO _____ DRINKS PER WEEK _____

EXERCISE? YES _____ NO _____ TYPE _____ FREQUENCY _____

STREET DRUGS? YES _____ NO _____ IF YES, WHICH? _____

SEXUALLY ACTIVE (LAST 1 YEAR)? YES _____ NO _____ IF YES, HOW MANY PARTNERS? _____

MALE PARTNER(S)? _____ FEMALE PARTNER(S) _____

BIRTH CONTROL? YES _____ NO _____ IF YES, WHICH? _____

CONCERN FOR YOUR SAFETY? YES _____ NO _____

IF YES, EMOTIONAL _____ PHYSICAL _____ SEXUAL ABUSE _____



CARLEY MCLAUGHLIN, APRN-CNP
 FAMILY NURSE PRACTITIONER
 1709 W. 33RD STREET EDMOND, OK 73013
 405-229-8209
 PRISTINEHEALTHOK.COM

PAST MEDICAL HISTORY

HEART	
	HEART ATTACK
	HEART DISEASE
	HIGH BLOOD PRESSURE
	HIGH CHOLESTEROL
	IRREGULAR HEARTBEAT
	ATRIAL FIBRILLATION
	OTHER:

LUNGS	
	ASTHMA
	COPD
	EMPHYSEMA
	OTHER:

DERMATOLOGY	
	SKIN CANCER
	ACNE
	RASH
	OTHER:

STOMACH	
	REFLUX
	HEARTBURN
	ULCERS
	BLEEDING
	IRREGULAR BOWEL
	DIVERTICULITIS
	LIVER DISEASE
	HEPATIC FAILURE
	OTHER:

UROLOGY	
	KIDNEY STONES
	PROSTATE ISSUES
	OTHER:

PSYCHIATRIC	
	MEMORY LOSS
	CONFUSION
	ANXIETY
	DEPRESSION
	BIPOLAR
	OTHER:

MUSCULOSKELETAL	
	ARTHRITIS
	GOUT
	BROKEN BONES
	OTHER:

ENDOCRINE	
	DIABETES TYPE I
	DIABETES TYPE II
	GESTATIONAL DIABETES
	THYROID
	OTHER:

NEUROLOGIC	
	STROKE
	HEADACHE
	MIGRAINE
	DEMENTIA
	OTHER:

GYNECOLOGY	
	ENDOMETRIOSIS
	HPV

OTHER	
	ANEMIA
	SINUS & ALLERGY
	OTHER:

CANCER (LIST TYPES)	



CARLEY MCLAUGHLIN, APRN-CNP
FAMILY NURSE PRACTITIONER
1709 W. 33RD STREET EDMOND, OK 73013
405-229-8209
PRISTINEHEALTHOK.COM

CURRENT MEDICATIONS		
NAME	DOSE	HOW OFTEN

SURGICAL HISTORY		
SURGERY TYPE	YEAR	NOTES
APPENDECTOMY		
ARTHROSCOPY		
BACK/NECK SURGERY		
CATARACT SURGERY		
HEMORRHOIDS		
HERNIA		
HYSTERECTOMY		
KNEE/HIP REPLACEMENT		
MASTECTOMY/ LUMPECTOMY		
PLASTIC SURGERY (SPECIFY)		
POLYP REMOVAL (COLON)		
TONSILLECTOMY/ADENOIDECTOMY		
TUBAL LIGATION/VASECTOMY		
OTHER (SPECIFY)		
OTHER (SPECIFY)		
OTHER (SPECIFY)		



CARLEY MCLAUGHLIN, APRN-CNP
 FAMILY NURSE PRACTITIONER
 1709 W. 33RD STREET EDMOND, OK 73013
 405-229-8209
 PRISTINEHEALTHOK.COM

PREGNANCY & BIRTH

DATE OF LAST PERIOD _____ AGE OF FIRST PERIOD _____
 NUMBER OF DAYS IN FLOW _____ NUMBER OF DAYS BETWEEN CYCLES _____
 ARE YOU MENOPAUSAL? YES _____ NO _____ AGE AT ONSET OF MENOPAUSE _____
 NUMBER OF PREGNANCIES _____ NUMBER OF LIVE BIRTHS _____
 NUMBER OF ABORTIONS _____ NUMBER OF MISCARRIAGES _____
 NUMBER OF LIVING CHILDREN _____

HEALTH MAINTENANCE	
TYPE	DATE OF LAST SCREEN
MAMMOGRAM	
BONE DENSITY	
COLONOSCOPY	
EYE EXAM	
PAP SMEAR (WOMEN ONLY)	
PSA LEVEL DRAWN (MEN ONLY)	

PLEASE LIST ANY OTHER PHYSICIANS YOU SEE & THEIR SPECIALITY	
NAME	SPECIALTY

PHARMACY INFORMATION

PREFERRED PHARMACY NAME _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____



CARLEY MCLAUGHLIN, APRN-CNP
 FAMILY NURSE PRACTITIONER
 1709 W. 33RD STREET EDMOND, OK 73013
 405-229-8209
 PRISTINEHEALTHOK.COM

MEDICAL INFORMATION RELEASE

I, _____ (NAME), GIVE PERMISSION FOR PRISTINE HEALTH TO SPEAK TO AND/OR SHARE INFORMATION WITH THE BELOW PERSON(S) IN RELATION TO MY HEALTHCARE AND/OR TO COORDINATE CARE. I FULLY UNDERSTAND THAT I CAN REVOKE THIS PERMISSION BY SUBMITTING A WRITTEN REQUEST.

NAME	RELATIONSHIP	PHONE NUMBER

PATIENT NAME _____

SIGNATURE _____

DATE _____

WITNESS SIGNATURE _____