



PATIENT INFORMATION

Name Birth Date Marital Status
Local Address City State Zip
Home Phone Cell Phone
Email Address
Name of Spouse/Emergency Contact Phone #
WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE
Reason for Today's Visit:

PHARMACY NAME & LOCATION:

MEDICAL HISTORY

Are you currently being treated by a physician?
Are you currently taking any medications? (Including aspirin, GLP-1 shots and/or vitamins)
Have you had surgery in the past 5 years? What kind?
Do you take medications for Osteoporosis? (Prolia, Fosamax, Boniva) If so, we will provide you with more information
Women: Are you pregnant? Do you take birth control medication?

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING MEDICATIONS OR HAVE ANY MEDICAL CONDITIONS?

- ANESTHESIA (LOCAL, IV, GENERAL) ASPIRIN CODEINE ERYTHROMYCIN LATEX PENICILLIN SULFA DRUGS
OTHER

Please check ALL that apply

- ACID REFLUX/ GERD
AIDS/ HIV POSITIVE
AFIB/ ARRHYTHMIA
ALZHEIMER'S/ DEMENTIA
ANGINA/ CHEST PAINS
ARTHRITIS/ GOUT
ARTIFICIAL HEART VALVE
ARTIFICIAL JOINTS:
ASTHMA
AUTOIMMUNE DISEASE:
BACK/NECK PROBLEMS
BLOOD DISEASE/ ANEMIA
BLOOD THINNERS:
BRUISE EASILY
BYPASS SURGERY/ STENTS
CANCER (DATE/TYPE):
CHEMOTHERAPY/RADIATION
CHRONIC PAIN/ FIBROMYALGIA
COLD SORES/ FEVER BLISTERS
CORTISONE TREATMENTS
CROHNS' DISEASE
DEPRESSION/ ANXIETY/ PTSD

- DIABETES/ DIALYSIS
DRUG/ALCOHOL ADDICTION
EMPHYSEMA/ COPD
EPILEPSY OR SEIZURES
EXCESSIVE BLEEDING/ HEMOPHELIA
EXCESSIVE THIRST
FREQUENT COUGH
GLAUCOMA/ CATARACTS
HAY FEVER
HEADACHES/ MIGRAINES
HEARING LOSS
HEART ATTACK:
HEART FAILURE (CHF)
HEART MURMUR/ MVP
HEART DISEASE
HEPATITIS A/B/C (PLEASE CIRCLE)
HIGH BLOOD PRESSURE
HIGH CHOLESTEROL
HIVES OR RASH TO:
HYPOGLYCEMIA
JAUNDICE
KIDNEY PROBLEMS/ RENAL FAILURE
LEUKEMIA

- LIVER DISEASE/STAGE?
LOW BLOOD PRESSURE
MEDICAL MARIJUANA
MULTIPLE SCLEROSIS
ORGAN TRANSPLANT:
OSTEOPOROSIS/ PROLIA SHOTS
PACEMAKER
PARATHYROID DISEASE
PARKINSON'S
RHEUMATIC FEVER/ SCARLET FEVER
SHINGLES
SLEEP APNEA/ CPAP MACHINE
SMOKER/ TOBACCO USE
STOMACH/ INTESTINAL ISSUES
STROKE/ TIA
THYROID DISEASE
TUMORS
ULCERS
VERTIGO
OTHER:

Use other side for any additional information/northern address

The above information is correct to the best of my knowledge.

Patient Signature:

Date:

ADDITIONAL INFORMATION YOU THINK WE MAY NEED: _____

ALTERNATE ADDRESS (SNOWBIRDS): _____
