

Patient History & Information



Chevon Urbanek, NP-C Kelley Pruitt, CNS Duron Cranford, NP-C Kristi Barnard, PNP
 (Circle Your Provider)

Patient Name: _____ Date of Birth: _____

Sex: M F Race: _____ Religion: _____ Marital Status: M S D W

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ DL #/State: _____ Social Security #: _____ - _____ - _____

Email Address: _____ Pharmacy: _____

Employer: _____ Retired? Y N If yes, date of retirement: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Medications:

Name of Medication	Reason Prescribed	Dosage	How long on Med

Drug Allergies: _____ Any Other Allergies: _____

Past/Current Medical History (Check all applicable)

- | | | | | |
|--|--|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Asthma | <input type="checkbox"/> Neck Problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> HIV | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hyperlipidemia (high concentration of fats or lipids in the blood) | |

Past Surgeries, Procedures or Injuries:

Surgery, Procedure or Injury	Reason	Month/Year

Do you use drugs? Y N Consume Alcohol? Y N Tobacco Use? Y N If yes to any of these, how much and how often?

Date of last: Tetanus booster _____ Flu Vaccine _____ Pneumonia Vaccine _____ Shingles Vaccine _____
 EKG _____ Colonoscopy or EGD _____ DEXASCAN _____ Eye Exam _____

Family History (Please indicate relationship of any family member who has had any of the following)

Diabetes _____ Cancer _____ HBP _____ Heart Attack _____ Stroke _____