

PATIENT REGISTRATION & HISTORY FORM

Today's Date: ____ / ____ / ____

Patient Name: _____ DOB: ____ / ____ / ____ SSN: _____
LAST FIRST MIDDLE INITIAL

Gender: Male Female Marital Status: Single Married Divorced Widowed Currently Employed: Yes No

Address: _____
STREET CITY STATE ZIP CODE

Primary Phone: (____) ____ - _____ CELL/HOME/WORK Secondary Phone: (____) ____ - _____ CELL/HOME/WORK

Email: _____ Primary Care Provider: _____

Pharmacy: _____
NAME TOWN

GUARANTOR (IF PATIENT IS A MINOR)

Name: _____ DOB: ____ / ____ / ____ SSN: _____

Relationship to Patient: _____ Contact Number: (____) ____ - _____ CELL/HOME/WORK

Address: _____

EMERGENCY CONTACTS

1. Name: _____ Phone: (____) ____ - _____ Relationship: _____

2. Name: _____ Phone: (____) ____ - _____ Relationship: _____

PAST MEDICAL HISTORY:

- Anxiety
- Arthritis
- Asthma
- Atrial fibrillation
- Bone marrow transplant
- Enlarged prostate (BPH)
- Breast cancer
- Colon cancer
- COPD
- Coronary artery disease
- Depression
- Diabetes
- End stage kidney disease
- Reflux (GERD)
- Hearing loss
- Hepatitis
- High blood pressure
- HIV / AIDS
- High cholesterol
- Overactive thyroid
- Underactive thyroid
- Leukemia
- Lung cancer
- Lymphoma
- Prostate cancer
- Radiation treatment
- Seizures
- Stroke

PAST SURGICAL HISTORY:

- Appendix removed
- Bladder removed
- Breast biopsy
- Colostomy
- Heart transplant
- Gallbladder removed
- Coronary artery bypass
- Biological valve replacement
- Angioplasty (PTCA)
- Rectal resection
- Pancreas removed
- Spleen removed
- Mechanical valve replacement
- Lumpectomy
- Mastectomy
- Hip replacement
- Knee replacement
- Testicles removed
- Hysterectomy
- Liver
- Kidney
- Colectomy
- Prostate removed
- Ovary removed
- Left Right Both
- Left Right Both
- Left Right Both
- Left Right Both
- Left Right Both
- Fibroids Cervical cancer
- Uterine cancer
- Shunt Transplant
- Removal (hepatectomy)
- Biopsy Stone removal
- Removal Transplant
- Diverticulitis
- Colon cancer
- Cancer TURP
- Cancer Cyst
- Endometriosis



Any family history of melanoma? Yes No Who: _____

PERSONAL SKIN HISTORY

- Acne
- Hay fever/allergies
- Asthma
- Eczema
- Psoriasis
- Flaky/Itchy scalp
- Dry skin
- Melanoma
- Precancerous moles
- Actinic keratosis (AK)
- Basal cell skin cancer
- Blistering sunburns
- Squamous cell skin cancer
- Poison ivy

ALERTS (check all that apply)

- Artificial heart valve
- Artificial joints (last 2 yrs)
- Defibrillator
- Pacemaker
- Allergy to lidocaine
- Allergy to adhesive
- Premedication prior to procedures
- Blood thinners
- MRSA
- Currently pregnant
- Planning pregnancy
- Rapid heart rate w/ epinephrine

 **Current medications &  drug allergies** on back 