

Name:				DOB:			
Email:							
How did you hear a	bout us: o Refer	ring Doctor o Zocdoc o Yelp o Int	ernet o Other				
Referring Physician							
Primary Care Physic	ician	Telephone	Number:				
In case of emergenc	y, please notify:	Relation	Telepł	none			
Please explain brief	ly why you are here too	day:					
Current Medication	1: (including over the co	ounter, prescription, birth control pills)					
Name, Dose and Free	luency		<u>Name, Dose a</u>	nd Frequency			
1			1				
2.			2.				
3.			3.				
Pharmacy name ar	nd telephone:						
-			-				
	ical History (please lis	t) o None	_	Surgical /Hospitalizat		y o Nor	
1. 2.			_	Description	Year		Reason
3.			_				
4.			-				
5.			—				
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Relation	Family H	istory Medical issues	-	Allergies Medicatio		wn Alle	ergies Reaction
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Patient Name:

Review of Systems

GASTROINTESTINAL	NO	YES	EYE	NO	YES	PODIATRY		NO	YES	DERMATOLOGY	NO YES
Abdominal Pain			Blurry Vision			Foot Pain				Rash/Spots	
Anemia			Change in Vision			Heel Pain				Acne	
Blood in Stool/			Dry Eyes			Ankle Pain				Eczema	
Blood when Whiping Constipation			Issues with Glasses			Hammertoes				Hair Loss	
Diarrhea			Dry Eyes			Bunions		5			
Heartburn/Reflux			Flashing Lights			Fungus/Prob	lems				
Difficulty Swallowing			Floaters								
Hemorrhoids			Vision Loss								
Ulcerative Colitis/ Crohn's Disease			-		I						
Irritable Bowel Syndrome											
Bloating/Pain after Eating											
Anal Warts											
Colon Polyps											
Narrow Stools/Change of Bowel Habits											
					Preventive Care						
What year was your last colonoscopy? oNever			er		GYN Exam	within the last	12 m	onths	o Yes o No		
What year was your last mammogram?			oNev	oNever						o Yes o No	
						Eye Exam v	vithin the last 12	2 mo	nths	oYes o No	
				INT	FERNAL USE ONLY	V					_
				1111	IERIAL USE ONE.						
GI: Appt Date				_		GYN:	Appt Date:				
EYE: Appt Date				_		DERM	Appt Date				
Podiatry: Appt Date				_							
Follow Up with MD:											
Next appoint ment in : Day Week Month if no follow-up, please set alert for "follow up appointment needed"											
Imaging:	US-	Abdome	n US Abdomen and F	Pelvis L	JS Transvaginal						
					-						
Other:	Labs	s	Stool	Oc	cult						