

Patient and Insurance Information Update Form

Last Updated: 7/28/2005

Patient Information Update			MRN #
Last Name	First Name	Middle Name	
Address			
City	State	Zip Code	
Home Phone	Cell Phone	Work Phone	
Fax Number	Email	Date of Birth	
Social Security #			
Insurance Information Update			
Name of Insurance	Insurance Type	Effective Date	Group ID #
Claim Address			
City	State	Zip Code	
Guarantor Information Update (If different from patient)			
Last Name	First Name	Middle Name	
Address			
City	State	Zip Code	
Home Phone	Cell Phone	Work Phone	
Fax Number	Email	Date of Birth	
Social Security #			
Driver's License	Insurance Card Front	Insurance Card Back	

Established Patient History Form: Page 2

Patient Name & Age: _____
 MRN: _____
 Reason for Visit: _____
 Date: _____

Nurse use only	Temp:
height:	Pulse:
weight:	BP:
LMP:	RR:
	LPS:

HOW DO YOU FEEL TODAY? (Circle all that apply)

Thank you for filling out this form completely. It will help us take better care of you.

Please **circle** all the symptoms that apply to you **TODAY or RECENTLY**. Please put the completed form in the tray on the front counter so we can get to you ASAP.

Please have your **co-pay** ready when your name is called. For your convenience, we do accept cash, check, **Mastercard and Visa**.

The doctor will address your **main concern** today. These may help the doctor to know it in more detail...

If we cannot get to all your other problems today, it is your responsibility to come back again on another day and see your doctor...

Routine lab results and x-ray reports can take 1-2 weeks before they are available.

Your doctor will call or mail you the result if it is normal. You may be asked to return to clinic if your test result is abnormal so the doctor can discuss it with you and explain its implications...

Your wellness is our business...

	Constitutional		Gastrointestinal		Psychiatric
1	none	60	none	130	none
2	significant weight gain	61	pain with swallowing	131	confusion
3	significant weight loss	62	difficulty swallowing	132	nervousness
4	unusual fatigue	63	heartburn	133	depressed mood
5	weakness	64	excessive gas	134	impaired memory
6	fever	65	feeling full after little food	135	difficulty keeping asleep
7	chills	66	nausea	136	increased sleep
8	night sweats	67	vomiting	137	obsessions
		68	poor appetite	138	auditory hallucinations
		69	stomach pain	139	visual hallucinations
	Eyes	70	jaundice		
10	none	71	black, tarry stool		Endocrine
11	vision problems	72	constipation	140	none
12	blurred vision	73	diarrhea	141	many urinations all day
13	double vision	74	bright red blood in stool	142	unusual thirst
14	partial visual field loss	75	pus in stool	143	abnormal appetite increase
15	pain			144	cold intolerance
16	redness		Genitourinary	145	heat intolerance
17	excessive tearing	80	none	146	frequent, abnormal sweating
18	dryness	81	painful urination		
		82	urinary urgency		Hematological/Lymphatic
	Ears, Nose, Mouth, Throat	83	increased urinary frequency	150	none
20	none	84	bloody urine	151	easy bruising
21	hearing loss	85	excessive urination at night	152	easy bleeding
22	ringing in the ear	86	frequent, large volume urination	153	neck lumps or nodes
23	ear pain	87	incontinence	154	lumps in the arm pits
24	mouth lesions	88	urinary hesitancy	155	lumps in the groin area
25	ear discharge	89	not having menstrual periods		
26	vertigo (room spinning)	90	infrequent menstrual cycles		Allergic/immunologic
27	runny nose	91	abnormally heavy menstrual flow	160	none
28	nasal congestion	92	irregular menses	161	hives
29	sneezing	93	painful menstrual cycle	162	chronic clear nasal discharge
30	nasal itching	94	vaginal discharge	163	wheezing
31	bleeding from nose	95	painful intercourse	164	persistent cough
32	bleeding gums	96	blood after intercourse	165	recurrent infections
33	sore tongue	97	hot flashes		
34	sore throat	98	penile discharge		Musculoskeletal
35	hoarse voice	99	impotence	170	none
36	neck stiffness			171	Shoulder Swell Tender Stiff
37	neck lump		Skin	172	Elbow Swell Tender Stiff
38	neck pain	110	none	173	Wrist Swell Tender Stiff
		111	rash	174	Hand Swell Tender Stiff
	Cardiovascular	112	lumps	175	Hip Swell Tender Stiff
40	none	113	changing moles	176	Knee Swell Tender Stiff
41	chest pain	114	itching	177	Ankle Swell Tender Stiff
42	chest pressure	115	nail changes	178	Foot Swell Tender Stiff
43	racing heart beats	116	breast pain	179	Upper arm Swell Tender Stiff
44	shortness of breath	117	breast lumps	180	Lower arm Swell Tender Stiff
45	short of breath when lying down	118	nipple retraction	181	Thigh Swell Tender Stiff
46	waking up short of breath	119	nipple discharge	182	Lower leg Swell Tender Stiff
47	swelling in the legs			183	Back pain
48	cold hands or feet		Neurological		
49	pain in legs with minimal walk	120	none		Pain
		121	headache		Scale (1-10, 10 is worst):
50	none	122	fainting		Location:
51	shortness of breath	123	tremor		Quality:
52	wheezing	124	paralysis		Timing: (circle)
53	cough	125	weakness		<i>constant</i>
54	productive cough	126	seizure		<i>intermittent</i>
55	blood tinged sputum	127	involuntary movements		Duration:
56	snoring	128	abnormal skin sensation		
57	stop breathing at night	129	falling asleep during day		