

PATIENT DATA SHEET

General Information

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____

Sex: (circle only 1) Male Female

Race: (circle only 1) American Indian Alaska Native
Asian White
Black or African American
Native Hawaiian Other Pacific Islander
Declined to State

Ethnicity: (circle only 1) Not Hispanic or Latino Hispanic or Latino
Declined to State

Preferred Language: _____

Email Address: _____

Would you like to be able to access your medical records on line? Yes No

Smoking Status: (circle only 1) Current Every Day Smoker Smoking Start Date: _____
Current Some Day Smoker
Former Smoker Smoking End Date: _____
Never Smoker

In an effort to quit smoking, I am currently taking: _____

Do you have any allergies to medications? Yes No

If Yes, please indicate the following:

Allergy: _____

Reaction: _____

Allergy: _____

Reaction: _____

Allergy: _____

Reaction: _____

Allergy: _____

Reaction: _____

Are you currently taking any medications? Yes No

If Yes, please indicate the following:

Medication: _____

Route: Oral Intravenous Other: _____

Dosage & Frequency: _____

Began Use: _____

Discontinued Use: _____

Medication: _____

Route: Oral Intravenous Other: _____

Dosage & Frequency: _____

Began Use: _____

Discontinued Use: _____

Medication: _____

Route: Oral Intravenous Other: _____

Dosage & Frequency: _____

Began Use: _____

Discontinued Use: _____

Medication: _____

Route: Oral Intravenous Other: _____

Dosage & Frequency: _____

Began Use: _____

Discontinued Use: _____

Medication: _____

Route: Oral Intravenous Other: _____

Dosage & Frequency: _____

Began Use: _____

Discontinued Use: _____

Medication: _____

Route: Oral Intravenous Other: _____

Dosage & Frequency: _____

Began Use: _____

Discontinued Use: _____

For Office Use Only

Account Number _____

Patient Height _____

Patient Weight _____

Patient BMI _____

Patient Blood Pressure _____

Pulse _____

Today's Date _____

[Please use back of sheet if additional room is needed.]