Today & Date.	SS #	Weight	Height	
Patient's Name	SS #	AgeBirthdate_		
Address	City	State	7:- Codo	
Home Phone	Work Phone	Cell Phone	Zip Coue	
Email	Work Phone	Marital Status: ☐Married ☐Si	ngle Divorced Widow	
Employer's Address	Employer		Phone	
Were you referred by anot	ther Doctor? 🗆 Yes 🗅 No Docto	or's Name		
Address	City	State Zin Code leepnone		
Name and address of person	onal family doctor if different _	State Zip Couc		
	onar ranning doctor if different _			
INSURANCE INFORMA		Daliary #		
Insurance Company		Policy #		
Address		Group # Dalian #		
Secondary insurance		Policy #		
Address	Modion	Group #		
	Medica Medica	11d #		
IN CASE OF EMERGE			701	
Name of nearest relative in	not living with you	D ala	Phone	
Address	<u> </u>	Keia	tionship	
HOW LONG HAVE 51.	MPTOMS BEEN PRESENT	·		
MEDICAL HISTORY –	- list ALL medical problems		- list ALL past surgeries	
MEDICAL HISTORY – 1. 2.	- list ALL medical problems	SURGICAL HISTORY - 1. 2.	- list ALL past surgeries YEAR YEAR	
MEDICAL HISTORY – 1. 2. 3.	- list ALL medical problems	SURGICAL HISTORY - 1. 2. 3.	- list ALL past surgeries YEAR YEAR YEAR YEAR	
MEDICAL HISTORY – 1. 2. 3. 4.	- list ALL medical problems	SURGICAL HISTORY - 1. 2. 3. 4.	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR	
MEDICAL HISTORY – 1. 2. 3.	- list ALL medical problems	SURGICAL HISTORY - 1 2 3	- list ALL past surgeries YEAR YEAR YEAR	
MEDICAL HISTORY – 1 2 3 4 5 LIST ALL MEDICATION	- list ALL medical problems - list ALL medical problems - list ALL medical problems - list ALL medical problems - list ALL medical problems	SURGICAL HISTORY - 1 2 3 4 5 non-prescription drugs or herba	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR VEAR VEAR	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION	NS (include birth control pills, r	SURGICAL HISTORY - 1. 2. 3. 4. 5. non-prescription drugs or herba	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	
MEDICAL HISTORY – 1 2 3 4 5 LIST ALL MEDICATION 2)	NS (include birth control pills, r	SURGICAL HISTORY - 1 2 3 4 5 non-prescription drugs or herba	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR YEAR OF THE MACHINE STREET	
MEDICAL HISTORY – 1	NS (include birth control pills, r	SURGICAL HISTORY - 1	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR YEAR ON ONE	
MEDICAL HISTORY – 1	NS (include birth control pills, r	SURGICAL HISTORY - 1	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR YEAR ON ONE	
MEDICAL HISTORY – 1 2 3 4 5 LIST ALL MEDICATION 1) 2) 3) 4)	NS (include birth control pills, r	SURGICAL HISTORY - 1 2 3 4 5 non-prescription drugs or herba	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR OF STATE	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION 1) 2) 3) 4) DID YOU EVER HAVE A	NS (include birth control pills, r	SURGICAL HISTORY - 1 2 3 4 5 non-prescription drugs or herba	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR YEAR OF STATE	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION 1) 2) 3) 4) DID YOU EVER HAVE A	NS (include birth control pills, r 6) 7) 8) COLONOSCOPY? Yes	SURGICAL HISTORY - 1. 2. 3. 4. 5. non-prescription drugs or herba	- list ALL past surgerie YEAR YEAR YEAR YEAR YEAR YEAR OF THE STATE O	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION 1) 2) 3) 4) DID YOU EVER HAVE A Female patients only Date of last menstrual period	NS (include birth control pills, r 6) 7) 8) A COLONOSCOPY? □ Yes □	SURGICAL HISTORY - 1	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR Al remedies) □ NONE	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION 1) 2) 3) 4) DID YOU EVER HAVE A Female patients only Date of last menstrual period Menopause at age	NS (include birth control pills, ref. 1)	SURGICAL HISTORY - 1	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR Al remedies) INONE	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION 1) 2) 3) 4) DID YOU EVER HAVE A Female patients only Date of last menstrual period Menopause at age	NS (include birth control pills, r 6) 7) 8) A COLONOSCOPY? □ Yes □	SURGICAL HISTORY - 1	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR Al remedies) INONE	
MEDICAL HISTORY – 1. 2. 3. 4. 5. LIST ALL MEDICATION 1) 2) 3) 4) DID YOU EVER HAVE A Female patients only Date of last menstrual period Menopause at age How many children?	NS (include birth control pills, ref. 1)	SURGICAL HISTORY - 1	- list ALL past surgeries YEAR YEAR YEAR YEAR YEAR Al remedies) □ NONE	

Do you smoke now? Yes No How many packs per day? How many years? Did you ever smoke? Yes No How many packs per day? How many years? Do you drink alcohol? Yes No Cups Per Day Drugs? ALLERGIES (penicillin, sulfa, iodinc, foods, etc.) and describe any reaction (rash, itching etc.) NONE NAME REACTION 1.	SOCIAL HISTORY		
Did you ever smoke? Tyes No How many packs per day? How many years? When did you quit? Do you drink alcoho! Tyes No How much / week Do you drink coffee? Yes No Cups Per Day Drugs? ALLERGIES (penicillin, sulfa, iodine, foods, etc.) and describe any reaction (rash, itching etc.) NONE NAME REACTION 1. 2. FAMILY HISTORY (Use M=Mother, F=Father, S=Sister, B=Brother, G=Grandparent) Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes High Blood Pressure Heart Disease Bleeding Disorders Dereast Cancer Colon Cancer Ovarian Cancer Other Cancers Severe Obesity Blood Clotting Problems Anesthesia Problems REVIEW OF SYSTEMS Do you suffer from any significant conditions? (Check all that apply) Weight change – how much Change in Bowel Habits Diabetes Diarrhea Constipation Heart Attack/Heart Problems Constipation Heart Surgery/Angioplasty/Stent Arthritis Heart Surgery/Angioplasty/Stent Phelbeitis/Leg Blood Clots High Cholesterol/Triglycerides Blood Clotting Problems Tuberculosis Drug or Alcohol Abuse Tuberculosis Drug or Alcohol Abuse Thyroid Asthma/Bronchitis/Emphysema Blackouts/Fainting Childhood diseases (chickenpox, measles, mumps, etc.):		y packs per day? How many years?	
When did you quit? Do you drink alcohol?			
Do you drink alcohol? □ Yes □No Clups Per Day □ Drugs? ALLERGIES (penicillin, sulfa, iodine, foods, etc.) and describe any reaction (rash, itching etc.) □ NONE NAME REACTION 1. 2. FAMILY HISTORY (Use M=Mother, F=Father, S=Sister, B=Brother, G=Grandparent) Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes High Blood Pressure Heart Disease Bleeding Disorders Breast Cancer Colon Cancer Ovarian Cancer Other Cancers Severe Obesity Blood Clotting Problems Anesthesia Problems REVIEW OF SYSTEMS Do you suffer from any significant conditions? (Check all that apply) □ Weight change – how much □ Change in Bowel Habits □ Diabetes □ Diarrhea □ Heart Attack/Heart Problems □ Cancer/Type □ Heart Surgery/Angioplasty/Stent □ Arthritis □ Chest Pain □ Phlebitis/Leg Blood Clots □ High Cholesterol/Triglycerides □ Liver Disease/Hepatitis □ Strokes □ Blood Clotting Problems □ Tuberculosis □ Drug or Alcohol Abuse □ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Childhood diseases (chickenpox, measles, mumps, etc.):			
ALLERGIES (penicillin, sulfa, iodine, foods, etc.) and describe any reaction (rash, itching etc.) \(\textstyle{\textstyl	Do you drink alcohol? The Yes No How much	n / week	
REACTION 1. 2. FAMILY HISTORY (Use M=Mother, F=Father, S=Sister, B=Brother, G=Grandparent) Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes	Do you drink coffee? □ Yes □ No Cups Per Day	ayDrugs?	
FAMILY HISTORY (Use M=Mother, F=Father, S=Sister, B=Brother, G=Grandparent) Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes	ALLERGIES (penicillin, sulfa, iodine, foods, etc.	etc.) and describe any reaction (rash, itching etc.) \(\simegin \textbf{NONE}\)	
FAMILY HISTORY (Use M=Mother, F=Father, S=Sister, B=Brother, G=Grandparent) Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes High Blood Pressure Heart Disease Bleeding Disorders Breast Cancer Colon Cancer Ovarian Cancer Other Cancers Severe Obesity Blood Clotting Problems Anesthesia Problems REVIEW OF SYSTEMS Do you suffer from any significant conditions? (Check all that apply) Weight change – how much Constipation Heart Attack/Heart Problems Cancer/Type Heart Surgery/Angioplasty/Stent Arthritis Chest Pain Chest Pain Phlebitis/Leg Blood Clots High Cholesterol/Triglycerides Blood Clotting Problems Tuberculosis Drug or Alcohol Abuse Chronic Cough Sthortness of Breath or Sleep Apnea Bladder or Kidney Disease Bladder or Kidney Disease Childhood diseases (chickenpox, measles, mumps, etc.):	NAME	REACTION	
FAMILY HISTORY (Use M=Mother, F=Father, S=Sister, B=Brother, G=Grandparent) Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes	1.		
Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes	2.		
Has anyone in your family had the problem that brings you here? (who) Has anyone in your immediate family had any of the following diseases? Diabetes	EAMILY HISTORY (Use M-Mether E-Eether	or S-Sister D-Drether G-Grandparent)	
Has anyone in your immediate family had any of the following diseases? Diabetes		, , , , , , , , , , , , , , , , , , , ,	
Diabetes			
Bleeding Disorders Breast Cancer Colon Cancer Ovarian Cancer Other Cancers Severe Obesity Blood Clotting Problems Anesthesia Problems REVIEW OF SYSTEMS Do you suffer from any significant conditions? (Check all that apply) Weight change – how much Change in Bowel Habits Diabetes Diarrhea High Blood Pressure Constipation Heart Attack/Heart Problems Cancer/Type Heart Surgery/Angioplasty/Stent Arthritis Chest Pain Phlebitis/Leg Blood Clots High Cholesterol/Triglycerides Disease/Hepatitis Strokes Blood Clotting Problems Drug or Alcohol Abuse Chronic Cough Drug or Alcohol Abuse Shortness of Breath or Sleep Apnea Prostate Problems Blackouts/Fainting Childhood diseases (chickenpox, measles, mumps, etc.):	Diabetes High Blood Pressur	ure Heart Disease	
Ovarian Cancer Severe Obesity Blood Clotting Problems Anesthesia Problems REVIEW OF SYSTEMS Do you suffer from any significant conditions? (Check all that apply) Weight change – how much Diaprical Blood Pressure Constipation Heart Attack/Heart Problems Cancer/Type Arthritis Chest Pain Phlebitis/Leg Blood Clots High Cholesterol/Triglycerides Diaprical Strokes Blood Clotting Problems Tuberculosis Drug or Alcohol Abuse Chronic Cough Drug or Alcohol Abuse Chronic Cough Dryoid Sleep Apnea Prostate Problems Shortness of Breath or Sleep Apnea Prostate Problems Blackouts/Fainting Childhood diseases (chickenpox, measles, mumps, etc.):	Bleeding Disorders Breast	st Cancer Colon Cancer	
REVIEW OF SYSTEMS Do you suffer from any significant conditions? (Check all that apply) Weight change – how much Change in Bowel Habits Diabetes Diarrhea High Blood Pressure Constipation Heart Attack/Heart Problems Cancer/Type Heart Surgery/Angioplasty/Stent Arthritis Chest Pain Phlebitis/Leg Blood Clots High Cholesterol/Triglycerides Liver Disease/Hepatitis Strokes Blood Clotting Problems Tuberculosis Drug or Alcohol Abuse Chronic Cough Drug or Alcohol Abuse Chronic Cough Bladder or Kidney Disease Shortness of Breath or Sleep Apnea Prostate Problems Blackouts/Fainting Childhood diseases (chickenpox, measles, mumps, etc.):	Ovarian Cancer Other (Cancers	
□ Weight change – how much □ Change in Bowel Habits □ Diabetes □ Diarrhea □ High Blood Pressure □ Constipation □ Heart Attack/Heart Problems □ Cancer/Type □ Heart Surgery/Angioplasty/Stent □ Arthritis □ Chest Pain □ Phlebitis/Leg Blood Clots □ High Cholesterol/Triglycerides □ Liver Disease/Hepatitis □ Strokes □ Blood Clotting Problems □ Tuberculosis □ Drug or Alcohol Abuse □ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	Severe Obesity Blood Clotting	ring Problems Anesthesia Problems	
□ Weight change – how much □ Change in Bowel Habits □ Diabetes □ Diarrhea □ High Blood Pressure □ Constipation □ Heart Attack/Heart Problems □ Cancer/Type □ Heart Surgery/Angioplasty/Stent □ Arthritis □ Chest Pain □ Phlebitis/Leg Blood Clots □ High Cholesterol/Triglycerides □ Liver Disease/Hepatitis □ Strokes □ Blood Clotting Problems □ Tuberculosis □ Drug or Alcohol Abuse □ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	REVIEW OF SYSTEMS Do you suffer from a	any significant conditions? (Check all that apply)	
☐ High Blood Pressure ☐ Constipation ☐ Heart Attack/Heart Problems ☐ Cancer/Type			
□ Heart Attack/Heart Problems □ Cancer/Type □ Heart Surgery/Angioplasty/Stent □ Arthritis □ Chest Pain □ Phlebitis/Leg Blood Clots □ High Cholesterol/Triglycerides □ Liver Disease/Hepatitis □ Strokes □ Blood Clotting Problems □ Tuberculosis □ Drug or Alcohol Abuse □ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ Diabetes	☐ Diarrhea	
☐ Heart Surgery/Angioplasty/Stent ☐ Arthritis ☐ Chest Pain ☐ Phlebitis/Leg Blood Clots ☐ High Cholesterol/Triglycerides ☐ Liver Disease/Hepatitis ☐ Strokes ☐ Blood Clotting Problems ☐ Tuberculosis ☐ Drug or Alcohol Abuse ☐ Chronic Cough ☐ Thyroid ☐ Asthma/Bronchitis/Emphysema ☐ Bladder or Kidney Disease ☐ Shortness of Breath or Sleep Apnea ☐ Prostate Problems ☐ Blackouts/Fainting ☐ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ High Blood Pressure		
☐ Heart Surgery/Angioplasty/Stent ☐ Arthritis ☐ Chest Pain ☐ Phlebitis/Leg Blood Clots ☐ High Cholesterol/Triglycerides ☐ Liver Disease/Hepatitis ☐ Strokes ☐ Blood Clotting Problems ☐ Tuberculosis ☐ Drug or Alcohol Abuse ☐ Chronic Cough ☐ Thyroid ☐ Asthma/Bronchitis/Emphysema ☐ Bladder or Kidney Disease ☐ Shortness of Breath or Sleep Apnea ☐ Prostate Problems ☐ Blackouts/Fainting ☐ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ Heart Attack/Heart Problems	☐ Cancer/Type	
 ☐ High Cholesterol/Triglycerides ☐ Strokes ☐ Blood Clotting Problems ☐ Tuberculosis ☐ Drug or Alcohol Abuse ☐ Chronic Cough ☐ Thyroid ☐ Asthma/Bronchitis/Emphysema ☐ Bladder or Kidney Disease ☐ Shortness of Breath or Sleep Apnea ☐ Prostate Problems ☐ Childhood diseases (chickenpox, measles, mumps, etc.): 	☐ Heart Surgery/Angioplasty/Stent	☐ Arthritis	
□ Strokes □ Blood Clotting Problems □ Tuberculosis □ Drug or Alcohol Abuse □ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ Chest Pain	☐ Phlebitis/Leg Blood Clots	
□ Tuberculosis □ Drug or Alcohol Abuse □ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ High Cholesterol/Triglycerides		
□ Chronic Cough □ Thyroid □ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ Strokes	☐ Blood Clotting Problems	
□ Asthma/Bronchitis/Emphysema □ Bladder or Kidney Disease □ Shortness of Breath or Sleep Apnea □ Prostate Problems □ Blackouts/Fainting □ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ Tuberculosis	☐ Drug or Alcohol Abuse	
☐ Shortness of Breath or Sleep Apnea ☐ Prostate Problems ☐ Childhood diseases (chickenpox, ☐ Convulsions ☐ measles, mumps, etc.):	☐ Chronic Cough	☐ Thyroid	
☐ Blackouts/Fainting ☐ Childhood diseases (chickenpox, measles, mumps, etc.):	☐ Asthma/Bronchitis/Emphysema	☐ Bladder or Kidney Disease	
☐ Convulsions measles, mumps, etc.):	☐ Shortness of Breath or Sleep Apnea	☐ Prostate Problems	
, , ,	☐ Blackouts/Fainting	☐ Childhood diseases (chickenpox,	
☐ Stomach Illcers ☐ HIV/AIDS ☐ Henstitis ☐ Symbilic	☐ Convulsions	measles, mumps, etc.):	
a biomach ofecis and invitation and	☐ Stomach Ulcers	☐ HIV/AIDS ☐ Hepatitis ☐ Syphilis	
☐ Colitis/Diverticulitis ☐ Problems with anesthesia or surgery	☐ Colitis/Diverticulitis	☐ Problems with anesthesia or surgery	
☐ Gallbladder Disease ☐ Do you bleed easily?	☐ Gallbladder Disease	☐ Do you bleed easily?	
List any other:	List any other:		
AUTHORIZATIONS AND RELEASES I hereby assign all medical and /or surgical benefits, to include major medical benefits to which I am entitled, private insurance and other health plans to: R. Constantine M.D. I understand that I am financially responsible for all charges whether or not paid by said insurance and hereby authorize said assignee to release all information necessary to secure payment. I hereby grant permission for release of all medical records, documents, and associated information to Dr. R. Constantine or his authorized agent.	I hereby assign all medical and /or surgical benefits, to inchealth plans to: R. Constantine M.D. <u>I understand that I a insurance</u> and hereby authorize said assignee to release all	am financially responsible for all charges whether or not paid by said ll information necessary to secure payment. I hereby grant permission for	
Patient Signature Print Name	Patient Signature P	Print Name	
I verify the content and accuracy of the above information.	I verify the content and accuracy of the above	e information.	
DateSignature	DateSignature		