

DATE _____ / _____ / _____

C M PT MT N

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

WORK PHONE _____ HOME PHONE _____

SS# _____ - _____ - _____ BIRTH DATE _____ / _____ / _____ SEX: M F

EMPLOYER _____ OCCUPATION _____

RESPONSIBLE PARTY (if patient under 18) _____

Are you the primary insured for your policy? Y / N If no, fill out the primary insured information.

Primary Insured First Name _____ Last _____ MI _____

SS# _____ - _____ - _____ Sex: M F Birth date _____ / _____ / _____

Primary Insured Employer _____

HOW WERE YOU REFERRED TO THIS OFFICE?

- | | |
|---|--|
| <input type="checkbox"/> PATIENT REFERRAL _____ | <input type="checkbox"/> ATTORNEY REFERRAL _____ |
| <input type="checkbox"/> DOCTOR REFERRAL _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> YELLOW PAGES | <input type="checkbox"/> SIGN / DRIVE BY |
| <input type="checkbox"/> TELEMARKETING | <input type="checkbox"/> VAL-PAK |
| <input type="checkbox"/> LAKE NORMAN MAGAZINE | <input type="checkbox"/> GIFT CERTIFICATE |
| <input type="checkbox"/> MONEY MAILER | <input type="checkbox"/> MASSAGE THERAPY |
| <input type="checkbox"/> INSURANCE BOOK (HMO, PPO, POS, ETC...) | <input type="checkbox"/> NEWSPAPER |

ARE YOU PRESENTLY SUFFERING FROM ANY OF THE FOLLOWING?

GENERAL

- FATIGUE
- FEVER
- NIGHT SWEATS

SKIN

- NEW MOLES
- ITCHING
- RASH

HEENT

- HEADACHE
- VISION TROUBLE
- HEARING TROUBLE
- FREQUENT COLDS
- SORE THROAT
- VOICE CHANGES

NECK

- NECK LUMPS
- SWOLLEN GLANDS
- NECK STIFFNESS

RESPIRATORY

- COUGH > 3 MONTHS
- SHORTNESS OF BREATH
- BLOODY COUGH
- WHEEZING

BREAST

- LUMP IN BREAST
- BREAST PAIN
- NIPPLE DISCHARGE
- SKIN CHANGES ON BREAST

CARDIOVASCULAR

- CHEST PAIN
- PAIN IN LEG W/ EXERTION
- SWELLING IN LEGS
- IRREGULAR HEARTBEAT

GASTROINTESTINAL

- ABDOMINAL PAIN
- CHANGE IN BOWEL HABITS
- CONSTIPATION
- DIARRHEA
- BLACK TARY STOOL
- NAUSEA
- RECTAL BLEEDING
- VOMITING

GENITOURINARY(Female)

- PAINFUL PERIODS
- FREQUENT URINATION
- BLOOD IN URINE
- INABILITY TO HOLD URINE
- IRREGULAR PERIODS
- ABNORMAL VAGINAL BLEEDING

GENITOURINARY(Male)

- CHANGE IN URINE STREAM
- FREQUENT URINATION
- IMPOTENCE
- URINATE >2X PER NIGHT
- TESTICULAR MASS
- TESTICULAR PAIN

MUSCULOSKELETAL

- JOINT PAIN _____
- MUSCLE PAIN
- NECK PAIN
- MID BACK PAIN
- LOW BCK PAIN
- HEADACHES

NEUROLOGICAL

- DECREASED MEMORY
- DIZZINESS
- NUMBNESS
- SEIZURES
- FAINTING

PSYCHIATRIC

- ANXIETY
- DEPRESSION

ENDOCRINE

- APPETITE CHANGES
- COLD INTOLERANCE
- HEAT INTOLERANCE
- INCREASED THIRST
- FREQUENT URINATION

HEMATOLOGY

- ANEMIA
- EASY BRUISING
- ENLARGED LYMPH NODES
- NOSE BLEEDS
- PROLONGED BLEEDING