

Visit Information

Circle one: New Patient Established Patient

Name: _____ Date: _____ Age: _____

Reason for today's visit: _____

Current Medications: _____

Allergies: _____

Do you have any of the following:

Pacemaker		Blood Thinners/Aspirin	
Heal: Thick Scar		Joint Pain	
Seizures		Hay Fever	
Pregnant/Planning		Asthma	
Diabetes		Thyroid Disorder - Hyper / Hypo	
Depression		Liver Disease	
Irregular Heartbeat		Artificial valves/joints	
High Blood Pressure		Immune Deficiency/HIV +	
Hepatitis		GI/GERD (Reflux)	

Other (please explain): _____

Do you smoke cigarettes? No Yes

Do you consume alcohol? No Yes

Do **you** have a history of **skin** cancer? No Yes Type: _____

Do you have a **family history** of Melanoma? No Yes Relation: _____

For Females only:

Are you having menstrual cycles? No Yes Last menstrual cycle: _____

Have you had a hysterectomy? No Yes

Signature: _____ Date: _____

Patient Background Information

All new patients should complete this section and established patients should indicate any changes since their last visit.

Personal Information

Gender: Male Female

Date of birth: _____

Marital Status: _____

Address: _____

City: _____

State: ____ Zip: _____ Cell Phone: _____

Home Phone: _____

Preferred method of contact: _____

E-mail: _____

Occupation: _____

Work Phone: _____

Emergency Contact and number: _____

Relation: _____

How did you hear about us? _____

Pharmacy: _____

Pharmacy Address: _____

Who is your Primary Care Physician (PCP)? _____

Insurance Information

Primary Insurance: _____

Billing Address: _____

Phone: _____ Group No. _____ Policy No. _____

Insured Name: _____ Relation: _____

Secondary Insurance: _____

Communication Authorization

I, _____ authorize the staff of Pamela S. Kennedy, M.D. to notify me of my diagnostic/lab results over the telephone.

Select one: Speak only with me ____ Leave message at this phone number: _____

Name of persons authorized to accept my results:

Name: _____ Relation: _____ Phone _____

Name: _____ Relation: _____ Phone _____

Established patients no longer wishing to be notified by phone, please check here. ____