

Patient Name: _____		DOB: _____
Person Scheduling: _____		Emergency Contact: _____
Facility Name: _____		Facility Contact Name: _____
Facility Contact Number: _____		Facility Fax: _____
<p>Does the patient require assistance with mobility, cognition, or other needs that would necessitate being accompanied upon arrival?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please ensure that the patient is accompanied by a caregiver or responsible party upon arrival.</p>		
<p>Reason for Visit: _____</p> <p>_____</p> <p>_____</p>		
<p>Treatments Tried: _____</p> <p>_____</p> <p>_____</p>		
<p>Medical History: Please bring any relevant lab work and pathology results to the appointment.</p> <p> <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Eczema <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Other Cancers _____ </p> <p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Psoriasis <input type="checkbox"/> Liver Disease <input type="checkbox"/> Autoimmune Conditions _____ </p> <p> <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> COPD <input type="checkbox"/> Mental Disorders _____ </p> <p> <input type="checkbox"/> Migraine <input type="checkbox"/> Asthma <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Infectious Conditions _____ </p> <p>Other medical conditions: _____</p> <p>_____</p> <p>_____</p>		
<p>Allergies: NKDA or _____</p>		
<p>Please list current medications below or bring a a list of current medications to the appointment.</p> <p>Current Medications: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		