NEW PATIENT QUESTIONNAIRE

Name:				Today's Date:
(1	Last)	(First)	(Middle In	,
Date of Birth:	Age:	Occupation:		
Home Address:				
City:			State:	Zip:
Home Phone:		Cell Phone:	Work:	
How did you hear about us?	Patient Name:		Other:	
Case of Emergency Contact:			Relationship:	
		Home Phone:		
f you move forward with ther	apy, do you pre	fer to sign a paper or electroni	c consent? □Electronic	□Paper
		MEDICAL HISTORY	,	·
		MEDICAL HISTORY		
Height:Weight:				
Do you smoke? () Ye	es ()No ()	Quit How much?	How often?	Age started?
	es ()No ()	Quit How much?	How often?	Age started?
Do you drink alcohol? () Ye				
) Yes () No	If yes please explain:		
Any known drug allergies: (
Any known drug allergies: (If yes please explain:		
Any known drug allergies: (
Any known drug allergies: (Current Medications and dos	age:			
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme	ents:			
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme	ents:ent Therapy:		Past HRT:	
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year:	ents:ent Therapy:		Past HRT:	
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information:	ents:		Past HRT:	
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information:	ents:	Il that apply.	Past HRT:	
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: _ Do you have a personal histo	ents:	ll that apply. Birth Control Method:	Past HRT: () Blood clot and/or a pu	
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Do you have a personal histo Preventative Medical Care:	ents: ent Therapy: ory of? Check a	Il that apply.	Past HRT: () Blood clot and/or a pu () Arrhythmia	ılmonary emboli
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: _ Do you have a personal histo Preventative Medical Care: () Medical Exam in the last yea	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy	Past HRT: () Blood clot and/or a pu	ılmonary emboli or HIV
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Oo you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses:	Past HRT: () Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis	ılmonary emboli or HIV
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Oo you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical () Breast Cancer	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure	() Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia	ılmonary emboli or HIV
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Oo you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical () Breast Cancer	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure () Heart bypass	Past HRT: () Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia () Trouble passing urine	ulmonary emboli or HIV nmune disease or take Flomax or Avodart
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Oo you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical () Breast Cancer	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure	Past HRT: () Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia () Trouble passing urine	ulmonary emboli or HIV nmune disease or take Flomax or Avodart
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Oo you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical () Breast Cancer	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure () Heart bypass () High cholesterol	Past HRT: () Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia () Trouble passing urine () Chronic liver disease (ulmonary emboli or HIV nmune disease or take Flomax or Avodart
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Do you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical () Breast Cancer	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure () Heart bypass () High cholesterol () Hypertension	() Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia () Trouble passing urine () Chronic liver disease (() Diabetes () Thyroid disease () Arthritis	ulmonary emboli or HIV nmune disease or take Flomax or Avodart
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Do you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure () Heart bypass () High cholesterol () Hypertension () Heart Disease	Past HRT: () Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia () Trouble passing urine () Chronic liver disease (() Diabetes () Thyroid disease () Arthritis () Depression/anxiety	ulmonary emboli or HIV nmune disease or take Flomax or Avodart
Any known drug allergies: (Current Medications and dos Nutritional/Vitamin Suppleme Current Hormone Replaceme Surgeries, list all and Year: Other Pertinent Information: Do you have a personal histo Preventative Medical Care: () Medical Exam in the last yea High Risk Past Medical/Surgical () Breast Cancer	ents: ent Therapy: ory of? Check a	Il that apply. Birth Control Method: () Vasectomy Medical Illnesses: () High blood pressure () Heart bypass () High cholesterol () Hypertension () Heart Disease	() Blood clot and/or a pu () Arrhythmia () Any form of Hepatitis () Lupus or other auto in () Fibromyalgia () Trouble passing urine () Chronic liver disease (() Diabetes () Thyroid disease () Arthritis	ulmonary emboli or HIV nmune disease or take Flomax or Avodart hepatitis, fatty liver, cirrhosis)

SIGNATURE

PRINT NAME

DATE