STATMed
Urgent Care & Family Practice

Date:_____ How did you hear about STATMed? O Billboard O Newspaper OYellow Pages OTV-Channel 7
Radio- OKOB-AM O98.5 Oldies O106.3 Talk FM
O Friend _____

Name: _____

Address:_____ **City**_____ **State** _____ **Zip**_____

Phone (Home)_____ **Cell**:_____ **Work**:_____ **email:** _____

Date of Birth _____/____/_____ **Age**_____ **Gender:** OFemale OMale **Social Security #**:_____-_____-_____

Occupation_____ **Employer**_____

Are You: O Single OCommitted Relationship O Married O Divorced O Widow

For your privacy, please indicate how we should contact you:
O Mail O Home Phone O Cell Phone O Work Phone

MEDICAL INFORMATION

Date of last Medical Exam_____ **Physician**_____

Do you smoke? - O **No, never.** O **No, but I used to**. When did you quit? _____
O **Yes** How much? _____ When did you start? _____

Do you drink alcohol: ONo ODaily OSocial ORare

Allergies: O None OYes_____

Medical Problems _____

Current Medications _____

Surgeries and Dates _____

Injuries and Dates _____

Have you ever had a blood transfusion? O No O Yes When? _____

WOMEN -Have you been pregnant? O No O Yes How many times?_____ How many children did you have?_____
Miscarriage? _____ Abortion?_____ C-section?_____ Kid(s) Ages? _____

MEN - **Do you have children?** O No O Yes How many?_____ Ages? _____

Please indicate if ANYONE IN YOUR FAMILY has any of these problems:

O Alcoholism
O Allergies
O Anemia
O Anxiety
O Arthritis Type_____
O Asthma
O Birth Defects
O Bleeding Problems
O Cancer Type_____
O Cholesterol
O Depression
O Diabetes
O Diverticulosis
O Drug Addiction What drug?_____
O Crohn's Disease
O Gallstones
O Glaucoma
O Gout
O Heart Attack (MI)
O Heart Valve Disease
O High Blood Pressure
O Hepatitis
O Hyperthyroid
O Hypothyroid
O Kidney Stones
O Migraine
O Obesity
O Osteoporosis
O Pulmonary fibrosis
O Seizures
O Sjogren's Syndrome
O Stroke
O Suicide
O Ulcerative Colitis
O Ulcers

Signature _____