PATIENT INFORMATION AND MEDICAL HISTORY

Name____ Date______________________ Phone _________________________

Date of Birth__________________ Age____________ Sex _____________

Address: ____

Email: ____

Height: _______________ Weight: _____________________ BMI:____________________ Goal Weight: ____________________

LMP: _______________ Hgb A1C (if known): __________________

Recent Vital Signs

Heart Rate:

SpO2:

Respirations:

Blood Pressure:

Recent (last) labs drawn?_____________________________

Please attach most recent or last lab work obtained

REASON FOR TODAY'S VISIT:

Preferred Pharmacy Name: ____

Pharmacy Address: ____

Pharmacy Number: ____

MEDICATION ALLERGIES: ____

Please check if you have/had:

Diabetes	___________	Irregular menses	___________
Hepatitis	___________	Heart problems	___________
Thyroid Prob	___________	Kidney Problems	___________
Menopause	___________	Hypertension	___________
Liver Problems	___________	Stroke/TIA	___________
Lupus	___________	Autoimmune illness	___________
Cardiovascular Disease	___________	Respiratory Disease	___________
Anemia	___________	Blood/Clotting Disorder	___________
Thyroid Dysfunction	___________	Neurological Disorder	___________

Eye Disease	____________	Cancer/Leukemia	___________
Pacemaker/Defibrillator	____________	Arthritis	___________
Anxiety/Depression	____________	High Cholesterol	___________

Any Other Unlisted Conditions: ____

Do you or any family members have a history or Medullary Thyroid Cancer or Multiple Endocrine Neoplasia? ____________

List Surgeries and Dates: ____

Primary Care Provider

Name: ____

Phone Number: ____

Email and Fax Number: ____

Current/Recent medications or supplements:

MEDICATION	DOSE	FREQUENCY

Please circle the following:

Do you smoke or use tobacco?	NEVER	OCCAISIONALLY	EVERY DAY
Do you drink alcohol?	NEVER	OCCAISIONALLY	EVERY DAY
Any illicit drug use?	NEVER	OCCAISIONALLY	EVERY DAY

Occupation: ____

Emergency Contact

NAME: ____

RELATIONSHIP: ____

PHONE NUMBER: ____

PLEASE SEND FORMS TO:

lauren.gorefnp@gmail.com