

Annapolis Family Medicine PATIENT REGISTRATION FORM

Patient's last name:		First:					□ Mr. □ N □ Mrs. □ N			E-mail Address:				
Is this your le	egal name?	If not, w	hat is your legal na	me?	(Fc	rmer name):				Birth d	ate:	Age:	Sex:	,
□Yes	□ No								:	1	1		□м	QF
Street addre	ss:					Cell phone	no.:	,			Home	e phone no.:		
·········	•					()					()		
P.O. box:			City:					State):			ZIP Code:		
Occupation: Employer:				<u></u>							Work	phone no.:		
											()		
Carolina de Caroli	ng nga			IN CAS	SE OF	EMERGEN	ICY,	455		ļĻ,				MARIAN Kunangan
Name of loca	al friend or rela	tive (not liv	ing at same addre	ss): Re	elatior	ship to patie	nt:	Hom	e pho	ne no.:		Cell phone	יסט:	
-								()			()		
		Mair 4		INSURA	NCE	INFORMAT	ION	i ai	::.]				di desi,	
The second of th	i i marin er militer eren i se seni se	appreparation and				nce card to th				ALEX CENTS	1129 421	rok tigazak baril	CT POLICE	a sues k
				······································	······································	······································		************		***				
ville de la		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		PREFE	RRE	D PHARMA	ĊY				47.4	Tangga		
Name:				Location:										
Ivaille.				Phone:					Fa	x:				
				CURRENT	MED	ICAL PROE	BLEM	IS			Pi dit		ik A. Sul	ji jerajeni. Salatajeni.
1.		4,,	en e			6.								
2.			ALIM IT			7.							····	***************************************
3.	·					8.								
4.						9.								
5.						10.								
ა .			el canta e a seció a	er in de n	ALLE	RGIES	- Lasik		in ir i k	- 10 T	ava ili		arens listes	4 pg (4)
	oracializa	⊈15dir E.i	and the second of the second o	a Parter Carletina		197711797495					AL HISTORY	, enemerate		
	Alleray	Clara Cara						React	ion					
	Alleray	Clarity Car						React	ion			· · · · · · · · · · · · · · · · · · ·	·	
								React	<u>ion</u>	······································				
		超音が高い Section Association						React	ion					
								React	<u>ion</u>					



Annapolis Family Medicine PATIENT REGISTRATION FORM

Name	Strength	Direction	Prescribed by

	1		

		Artika)			<u>(11) 11) 11) 11) 11) 11) 11) 11) 11) 11)</u>	eller
		SHIP III	PAST ME	DICAL HISTORY		107
Childhood Illnesses						
Chronic Illnesses					And the second s	
Last Eye Exam:				Last Dental Exam		
Accidents (with dates):						
Surgeries/Procedures (with dates):						
Other Hospital Stays (with dates):						
Any problems with anesthesia?	□ Yes	□ No	If yes, explain:			
Specialists you currently see:				Name	Specialty	
·						



Annapolis Family Medicine PATIENT REGISTRATION FORM

E-mily Mombor	13 3 1 Mark State 11	edical Issues	Age
Family Member	IVI	edicai issues	Age
Father		<u> </u>	
Mother			Winds A common and
611		1	100 King 100
Siblings	veaor		
Paternal Grandmother	TO SHOW	1	
Paternal Grandfather			
Maternal Grandmother	en Estados		
Maternal Grandfather	L 14		
Process 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			I will also seems and the seems and the seems and the seems and the seems are seen as the seems and the seems are seems as the seems are seems are seems are seems as the seems are seems are seems are seems as the seems are seems are seems as the seems are seems a
And the state of t			
Do you drink alcohol?	□ Yes □No	If yes, how much?	
Are you sexually active?	☐ Yes ☐ No	If yes, what form of contract	ception do you use?
Do you consume caffeine?	□ Yes □ No	If yes, how much?	- 1
Diet: ☐ Balanced ☐ Vegetarian ☐ Diab	oetic	☐ Low Fat ☐ Low Car	rb 🛘 Other
Have you ever been in an abusive relationship?	☐ Yes ☐ No	And Antillia	$\Omega_{\rm b} \cdot p^{-1} = 0$
Are you afraid of your partner?	□ Yes □ No		
Education:	ollege 🛚 College De	gree	□ Other:
Do you do some form of exercise daily?	□ Yes □ No	If yes, how much?	emice: se
Marital status: ☐ Single ☐ Married ☐ D	ivorced	d 🛘 Other:	X(5), (1)
Place of Birth (City, State)		To all the state of the state o	
Have you lived abroad for more than one month?	☐ Yes ☐ No	00 E-4 E-4-11	and the control of
Do you wear seatbelts?	☐ Yes ☐ No	Our man	
Do you smoke or chew tobacco?	☐ Yes ☐ No	If yes, how much?	
Do you use recreational drugs?	□ Yes □ No	If yes, what kind?	n fo
CONTRACTOR STATE OF THE STATE O	WOMEN'S	S HEALTH TO STORE TO	
Date of last menstrual period:	# of Total Pregnancies:		
Are periods regular?	, , F. (Assertable)	luration (in days):	# of Full Term Births:
Flow: □ Normal □ Light □ Heavy □ Other: _		1	# of Premature Births:
How many days apart are periods?		•	# of Abortions- induced:
Age at onset of period:			# of Miscarriages:
Age at cessation of periods:			# of Ectopic Pregnancles:
Have you ever had any abnormal pap smears?			# of Multiple Birth Pregnancies:
Have you ever been diagnosed with any STD's?			# of Living Children:



Authorized Signature:

Reviewed by:

Annapolis Family Medicine PATIENT REGISTRATION FORM

Нер А	AINTENANCE Breast Exam					
Hep B	Cardiac Stress Test					
Flu Vaccine	Colonoscopy					
	EKG					
Pneumonia Vaccine Tuberculosis Test	Hearing Exam					
	Mammogram	<u> </u>			v	
Positive PPD TdaP (Tetanus, Diptheria and Pertussis)	Eye Exam					
	Pelvis Exam					
Meningococcal						
MMR	· · · · · · · · · · · · · · · · · · ·	Pap Smear/GYN				
Zostavax		Physical Exam				
Bone Density Scan		Prostate Exam				
ه بعده در سر و دو دا در اسپيدا دند دو درواند. اندا دوس ايس اي شوال سوي استان درواند ايد	REVIEW OF	SYMPTOMS-	To War suffer	- A Pagada Hay Marian	ر به در مورس د به در مورس	新してい がってい
To the state of th	Check all	that apply.		V-11111111-1-12	201001	
Skin □ Skin diseases Eves □ Eye diseases ENT □ Hay Fever □ Head or Neck Respiratory □ Shortness of breath □ Asthma □ Bronchitis □ Pneumonia □ Persistent cough Cardiovascular □ High blood pressure □ Heart disease □ Chest paln □ Swollen ankles □ Palpitations □ Lightheadedness Neurological □ Headache	GastroIntestinal ☐ Abdominal discomfor ☐ Indigestion ☐ Nausea ☐ Vomiting ☐ Constipation ☐ Diarrhea ☐ Blood in stool ☐ Ulcers ☐ Change in bowel hab ☐ Unexplained weight g ☐ Hemorrhoids ☐ Gall bladder disease ☐ Colitis Genitourinary (Female) ☐ Frequent urination ☐ Kidney diseases ☐ Difficulty urinating Genitourinary (Male) ☐ Frequent urination ☐ Kidney diseases ☐ Kidney stones ☐ Sidney stones ☐ Hemorrhoids ☐ Cenitourinary (Male) ☐ Frequent urination ☐ Kidney diseases ☐ Kidney stones ☐ Difficulty urinating	iits gain/loss	☐ Cancer(s ☐ Blood dis ☐ Anemia ☐ Infectious ☐ Venerea	on abuse ise ic/Oncologic is) Sorders Disease I diseases or Jaundice		
。 一种电影。 1000年的表现。	УРД-ХЭР ОТ	HER	re west			war yar.
Do you have an advanced directive or living w	111?		***************************************		Q Yes	□ No
Notes:						

Date:

Date: