

DRS. BRANSTETTER & SPARKS

Patient Information

Name _____

Date _____

Address _____

Birthday _____

Social Security # _____

Phone # @ Home _____

@ Work _____

Cell Phone # _____

Email _____

Do you prefer to receive calls at home _____ at work _____ or cell _____?

Whom may we thank for referring you to us? _____

Family Doctor _____

Person to contact in case of emergency _____

Relationship to patient _____

Phone number _____

Responsible Party

Name of person responsible for this account _____

Relationship to patient _____ Phone # _____

Address _____

Name of employer _____ Work Phone # _____

Date of birth of responsible party _____

Insurance Information

Insured's name _____ Date of birth _____

Social Security # _____ Name of employer _____

Secondary Insurance Information

Insured's name _____ Date of birth _____

Social Security # _____ Name of employer _____

Integumentary

Skin disorder	yes / no	_____
Any irregular moles	yes / no	_____
Other	yes / no	_____

Neurology

Brain disorder/disease	yes / no	_____
Spinal column disorder/disease	yes / no	_____
Other	yes / no	_____

Psychiatric

Clinical depression	yes / no	_____
Anxiety disorder	yes / no	_____
Bipolar disorder	yes / no	_____
Other	yes / no	_____

Endocrine

Diabetes	yes / no	_____
Hypothyroidism	yes / no	_____
Hyperthyroidism	yes / no	_____
Gout	yes / no	_____
Other	yes / no	_____

Hemolytic / Lymphatic Systems

Blood disorder / disease (including HIV/AIDS)	yes / no	_____
Lymphatic disorder / disease	yes / no	_____
Other	yes / no	_____

Any history of tobacco, alcohol, or illegal drug use? Yes / no _____

Other medical conditions not listed above: _____

Current medications: _____

Allergies to medications: _____