## **Patient Profile**

Doctor:						
PATIENT INFORMATION						
Name:		Patient ID #:	Sex: []M[]F			
Address:		Date of Birth:				
		Social Security #:				
City-State:		Marital Status:	[ ] Married [ ] Single [ ] Divorced			
Phone:	[] Home [] Work [] Other	Referring Physician:				
Phone:	[] Home [] Work [] Other	Primary Physician:				
PATIENT EMPLOYMENT		CONTACTS				
[ ] Employed [ ] Retired [ ]	Unemployed [ ] Other					
Phone:						
Employer:						
GUARANTOR		<u>EMPLOYMENT</u>				
[ ] Same as Patient		Employer: Phone:				
Address:		Phone:				
		Social Security #:				
City,State:		Date of Birth:				
PRIMARY INSURANCE		Relationship to Patient:				
[ ] Same as Patient [ ] Same	e as Guarantor [ ] Other	Social Security #:				
Insured Party:						
Insured Phone:		Insured ID:				
Company:		Policy Group:				
		Date of Birth:				
SECONDARY INSURANCE		Relationship to Patient:				
[ ] Same as Patient [ ] Same	e as Guarantor [ ] Other	Social Security #:				
Insured Party:		Insured ID:				
Insured Phone:		Policy Group:				
Company:		Date of Birth:				
co-insurances under the terms of my referral. If my referral is determined accepted by this office or is of the 'in assign directly to Suffolk Heart G necessary to secur	insurance contract. If my insurance plan requires a d to be invalid by my insurance carrier, I understand idemnity type, I understand that I am financially respond, LLP, all medical benefits, if any, otherwise pare the payments of benefits. I authorize the use of this	valid referral to receive medical c that I will be financially responsit sonsible for all balances remaining syable to me for services rendered is signature on all my insurance su				
Accordingly, we have provided you w	rith a notice that tells you how Suffolk Heart Group u	ises and shares your medical infor alth Group has regarding the use a	ation is personal and we are committed to protecting it. mation. We also describe your rights and tell you how to get and disclosure of medical information. Please sign below vacy notice(s).			

Signature:\_\_\_\_\_Print:\_\_\_\_\_

## SUFFOLK HEART GROUP, LLP

## **MEDICAL HISTORY FORM**

Does inis pain/problem occur at a specific time?  Does inis pain/problem occur at a specific time?  Does on spread occur any bidney disorders?  Are you altergic to lolesse circle.  DYES SHELLEISH BEE STINGS?  Are you altergic to any medications? List:  Diabotica YES NO.  Cancer YES NO.  Ca	Name:			DOB:		Date:			
Does this pain/problem occur at a specific time?   What other signs or symptoms are you having?   Does there are you altergic to (please circlet   DVES   SHELLFISH   BFF STINGS?   Are you altergic to (please circlet   DVES   SHELLFISH   BFF STINGS?   Are you altergic to any medications? List:   Stroke   YES   NO   Mypertension   YES   NO   Cancer   YES   NO   What kind   Stroke   YES   NO   What kind   YES   NO   What kind   YES   NO   Arthritis   YES   NO   What kind   YES   NO   Arthritis   YES   NO   Arthritis   YES   NO   Arthritis   YES   NO   Comunicion Seizure   YES   NO   Arthritis   YES   NO   Actual infection   YES   NO	Family Physician: _		,					·····	
Does this pain/problem occur at a specific time?   What other signs or symptoms are you having?   Diabetes   Yes   NO   Doy up are are you having?   Diabetes   Yes   NO   Mypertansion   Yes   NO   M						Date of Onset:			
Circle YES or NO for all;   What other signs or synothesis are you having?   Do you have any briding disorders?   Are you allergic to please circle  DYES_SHELLFISH_BEESTINGS?   Hyportension YES_NO_Cancer YES_NO_Cancer YES_NO_Cancer YES_NO_CATE YOU allergic to any medications? List:   STOKE   STOKE   YES_NO_CATE YES	HISTORY OF PRES	ENT ILLNE	SS:						
What other signs or symptoms are you having?  Do you have any kidney disorders? Are you allergic to (please circle) Are you allergic to (please circle)  Are you allergic to (please circle)  Are you allergic to any medications? List:  What Kind  Stroke YES NO  Arrivitis YES NO  Arrivitis YES NO  Arthritis YES NO  Acute Infection YES NO  Acute Infection YES NO  Acute Infection YES NO  Hereditary Defects YES NO  Blood Clots YES NO  Hereditary Defects YES NO  Blood Clots YES NO	Does this pain/prob	lem occur a	t a specific time?		i i				
Dry Vol Intervent (Notice (1960) (1					į (Circ	IE TES OF INC	) IOI all)		
Are you allergic to (please circle) DYES SHELLFISH BEESTINGS?  Are you allergic to any medications? List:  PLEASE LIST ALL MEDICATIONS YOU TAKE  PLEASE LIST ALL MEDICATIONS YOU TAKE  Have you ever had:   CATH   STENT   BYPASS   VALVE   Convulsion Seizure YES NO Acuthritis YES NO Convulsion Seizure YES NO Provious Surgentes YES NO Hard Trouble YES NO Have the fact of the convulsion Seizure YES NO Hard Indication YES NO					Diabetes		YES	NO	
Are you allergic to any medications? List:					Hypertensi			NO	
PLEASE LIST ALL MEDICATIONS YOU TAKE    PACE   STOOK   YES   NO   Heart Trouble   YES   NO   Arthritis   YES   NO   NO   PACEMAKER   DEPIBERILLATOR   CARDIOVERSION   ABLATION   Bleeding Tendency   YES   NO   Acute Infection   YES   NO   Acute Infection   YES   NO   NO   NO   NO   NO   NO   NO   N					i		YES	NO	
PLEASE LIST ALL MEDICATIONS YOU TAKE    Heart Trouble   YES   NO Arthritis   YES   NO					What Kind	<u> </u>			
Arthritis VES NO Convulsion Seizure VES NO Acute Infection VES NO Acute Infection VES NO Veneral Disease VES NO Previous Surgeries						L1 -			
Have you ever had:	PLEASE LIST ALL MEDICATIONS YOU TAKE								
Bleeding Tendency   YES   NO   Acute   PacEMAKER   DEFIBRILLATOR   CARDIOVERSION   ABLATION   ABLATION   Previous Surgeries   Defiber   Hospital   Dr   Dr   Previous Surgeries   Defiber   Hospital   Dr   Dr   Previous Surgeries   Dr   Dr   Previous Surgeries   Dr   Dr   Dr   Dr   Dr   Dr   Dr   D						Saizura		- 1	
PACEMAKER   DEFIBRILLATOR   CARDIOVERSION   ABLATION   Venereal Disease YES NO   Venereal Disease Other   Venereal Disease YES NO   Venereal Disease YES NO   Venereal Disease YES NO   Venereal Disease Other   Venereal Disease YES NO   Venereal Disease Other   Venere								1	
PACEMARKER   DEHBRICLATOR   CANDIOVERSION   ABLATION   Venereal Disease   YES   NO   Heroditary Defects   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Blood Clots   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Western   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Blood Clots   YES   NO   Blood Clots   YES   NO   Western   YES   NO   Blood Clots   YES   NO   Western   The YES   YES   NO   Blood Clots   YES   NO   Western   The YES   YES   NO   Blood Clots   The YES   YES   NO   T						1		I	
Fisc. Date				Venereal D					
REVIEW OF SYMPTOMS: (check NONE or CIRCLE items)    NONE   SYMPTOMS					i nereultary				
NONE   SYMPTOMS   Neurological   headache fainting dizziness seizure numbness tingling weakness	Previous Surgeries		<u> </u>		I		YES	NO	
GU frequency hesitancy urgency blood in urine incontinence discharge pain painful urination  Musculoskeletal swelling limitation of motion pain other  Skin rash skin change pain itchiness  Psych/ Substance Abuse history of treatment Out-patient In-patient Over Months Years  PATIENT SOCIAL HISTORY: What kind of work do you do?  Marital Status Single Married Separated Divorced Widowed  Use of Alcohol Never Rarely Moderate Daily Recovering  Use of Tobacco Never Previously but Quit How long ago Current Pack per day Separated  Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY: Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other inherited medical problems:	Eyes/Ears/ Nose Throat Respiratory Cardiovascular		headache fainting dizziness seizure numbness tingling weakness  vision change double vision pain hearing change ringing in ears smelling changes nose bleeds congestion  pain difficulty swallowing painful swallowing  cough wheezing pain asthma SOB blood in sputum  CP palps irregular heart beat swelling skin/color/temp changes murmur						
Musculoskeletal swelling limitation of motion pain other  Skin rash skin change pain itchiness  Psych/ Substance Abuse history of treatment Out-patient In-patient OverMonthsYears  PATIENT SOCIAL HISTORY:  What kind of work do you do?  Marital Status Single Married Separated Divorced Widowed  Use of Alcohol Never Rarely Moderate Daily Recovering  Use of Tobacco Never Previously but Quit How long ago Current Pack per day  Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other inherited medical problems:	GII		weight change pain						
Skin rash skin change pain itchiness  Psych/ Substance Abuse history of treatment Out-patient In-patient Over Months Years  PATIENT SOCIAL HISTORY: What kind of work do you do? Marital Status Single Married Separated Divorced Widowed Use of Alcohol Never Rarely Moderate Daily Recovering Use of Tobacco Never Previously but Quit How long ago Current Pack per day Separated Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY: Father Heart Kidney Cancer Diabetes Other Mother Heart Kidney Cancer Diabetes Other Siblings Heart Kidney Cancer Diabetes Other Spouse Heart Kidney Cancer Diabetes Other Child Heart Kidney Cancer Diabetes Other Other inherited medical problems:									
Patient Social History of treatment Out-patient In-patient Over Months Years  Patient Social History:  What kind of work do you do?  Marital Status Single Married Separated Divorced Widowed  Use of Alcohol Never Rarely Moderate Daily Recovering  Use of Tobacco Never Previously but Quit How long ago Current Pack per day  Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other Inherited medical problems:									
National Collaboration   Never   Rarely   Moderate   Daily   Recovering									
Marital Status Single Married Separated Divorced Widowed  Use of Alcohol Never Rarely Moderate Daily Recovering  Use of Tobacco Never Previously but Quit How long ago Current Pack per day  Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other Diabetes Other	1 '		history of treatment O	ut-patient In-patient Ove	r Months	Years			
Marital Status       Single       Married       Separated       Divorced       Widowed         Use of Alcohol       Never       Rarely       Moderate       Daily       Recovering         Use of Tobacco       Never       Previously but Quit       How long ago       Current       Pack per day         Use of Drugs       Never       Type/Frequency       Recovering         FAMILY MEDICAL HISTORY:         Father       Heart       Kidney       Cancer       Diabetes       Other         Mother       Heart       Kidney       Cancer       Diabetes       Other         Siblings       Heart       Kidney       Cancer       Diabetes       Other         Spouse       Heart       Kidney       Cancer       Diabetes       Other         Child       Heart       Kidney       Cancer       Diabetes       Other         Other inherited medical problems:       Diabetes       Other	PATIENT SOCIAL I	HISTORY:			al complete de foreign de de de la maio de complete de la maio de d				
Use of Alcohol Never Rarely Moderate Daily Recovering Use of Tobacco Never Previously but Quit How long ago Current Pack per day Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other Diabetes Other  Other Other inherited medical problems:	What kind of work	do you do?							
Use of Tobacco Never Previously but Quit How long ago Current Pack per day  Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other inherited medical problems:	Marital Status	Single	Married	Separated	Divorced	Widowed			
Use of Drugs Never Type/Frequency Recovering  FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other inherited medical problems:	Use of Alcohol	Never	Rarely	Moderate	Daily	Recovering			
FAMILY MEDICAL HISTORY:  Father Heart Kidney Cancer Diabetes Other  Mother Heart Kidney Cancer Diabetes Other  Siblings Heart Kidney Cancer Diabetes Other  Spouse Heart Kidney Cancer Diabetes Other  Child Heart Kidney Cancer Diabetes Other  Other inherited medical problems:	Use of Tobacco	Never	Previously but Quit	How long ago	_ Current	Pack per day			
FatherHeartKidneyCancerDiabetesOtherMotherHeartKidneyCancerDiabetesOtherSiblingsHeartKidneyCancerDiabetesOtherSpouseHeartKidneyCancerDiabetesOtherChildHeartKidneyCancerDiabetesOtherOther inherited medical problems:Other	Use of Drugs	Never	Type/Frequency		Recovering				
FatherHeartKidneyCancerDiabetesOtherMotherHeartKidneyCancerDiabetesOtherSiblingsHeartKidneyCancerDiabetesOtherSpouseHeartKidneyCancerDiabetesOtherChildHeartKidneyCancerDiabetesOtherOther inherited medical problems:Other	FAMILY MEDICAL	HISTORY:							
MotherHeartKidneyCancerDiabetesOtherSiblingsHeartKidneyCancerDiabetesOtherSpouseHeartKidneyCancerDiabetesOtherChildHeartKidneyCancerDiabetesOtherOther inherited medical problems:Other			Kidnev	Cancer	Diabetes	Other			
SiblingsHeartKidneyCancerDiabetesOtherSpouseHeartKidneyCancerDiabetesOtherChildHeartKidneyCancerDiabetesOtherOther inherited medical problems:Other			•			Other			
SpouseHeartKidneyCancerDiabetesOtherChildHeartKidneyCancerDiabetesOtherOther inherited medical problems:			· ·						
Child     Heart     Kidney     Cancer     Diabetes     Other       Other inherited medical problems:					Diabetes				
Other inherited medical problems:	Child								
			·						
					ther than patient):				

Patient Name:	DOB:	Date:						
PLEASE LIST ALL OF YOUR MEDICATIONS INCLUDING VITAMINS AND SUPPLEMENTS. THIS LIST ALSO SHOULD INCLUDE MEDICATIONS THAT YOU ARE TAKING FOR A SHORT PERIOD OF TIME (ANTIBIOTICS AND STEROIDS).								
ALLERGIES TO MEDICATIONS:								
NAME OF MEDICATION	DOSAGE	TIMES A DAY						
Pharmacy:								
Address:								
Phone:								
Mail Order Prescription Company:								