Trinity Medical WNY

New Patient Information/Adult

PATIENT INFORMATION:

Patient Name: _____ **Sex:** M F **Date:** _____
(Last, First, Middle Initial)

Birthdate: _____ **Ethnicity:** ( ) White ( ) Black/African American ( )Asian
Address: _____ ( ) Native Hawaiian/Other Pacific Islander ( ) Other ( ) Decline/Unknown
_____ **Race:** ( ) Spanish/Hispanic ( ) Not of Spanish/Hispanic origin
Martial Status: ( ) Single ( ) Married ( )Divorced ( ) Widowed ( )Decline/Unknown

Social Security #: _____ **Home #:** _____
Occupation: _____ **Work#:** _____
Prior Medical Provider: _____ **Cell #:** _____
Pharmacy: _____ **Primary Language:** _____
Pharmacy address: _____
_____ **Emergency Contact:** _____
Pharmacy Phone #: _____ **Relationship to Patient:** _____
Phone #: _____ **Cell#:** _____

BILLING INFORMATION:

Primary

Insurance Co: _____
Policy Holder: _____
ID#: _____
Policyholder DOB: _____
Group #: _____

Secondary:

Insurance Co: _____
Policy Holder: _____
ID#: _____
Policyholder DOB: _____
Group #: _____

PAST HISTORY

HOSPITALIZATIONS ( )Never ( )Overnight ( )1-3 times ( )More than 3 times

Please list the following information:

	Illness	Month and Year	Hospital and City
1			
2			
3			

PERSONAL HISTORY

Smoking: ( )Current ( )Past ( )Never
If current, Packs per day? _____ If past, How long ago? _____
Drug Use: ( )Often ( )Sometimes ( )Never
How Often? _____ Type of Drug: _____
Caffeine: ( )Often ( )Sometimes ( )Never
Alcohol Intake: ( )Often ( )Sometimes ( )Never
Exercise: ( )Often ( )Sometimes ( )Never
How Often? _____

SURGERIES- Please list any surgeries your child has had:

Type of surgery: _____ **Date:** _____
_____ _____
_____ _____

MEDICAL Please check if you have had any of the following:

( )Chicken Pox	( )Mononucleosis	( )Exposed to Tuberculosis	( ) Diabetic ( ) Type 1 ( ) Type 2
( )Hay Fever	( )Hives	( )Bladder/Kidney Infections	( ) Hypertention
( )Asthma/Wheezing	( )Pneumonia	( )Fainting/Syncope	( ) Thyroid Problems
( )Elevated Lead	( )Anemia/Blood Problems	( )Eczema/Skin Rashes	( ) Cancer Type: _____
( )Yellow Jaundice	( )Broken Bones	( )Heart Murmur/Heart Disease	( ) Dizziness/Vertigo
( )Seizures	( )Severe Burns	( )Concussion or Head injury	( ) Depression/Anxiety

Other illnesses (please list): _____

MEDICATIONS: Please list all medications, non-prescription medications, and vitamins you are currently taking

Medicine or Vitamin	Dose(How Much)	Frequency(How often)

ALLERGIES: Do you have any allergies to any medication or food?

_____
_____
_____

Trinity Medical WNY

FAMILY HISTORY

PRINT NAME OF RELATIVE, LIVING OR DECEASED AND YEAR OF BIRTH		Year of Birth	ALLERGIES	ASTHMA	BLEEDING TENDENCY	CANCER	DIABETES	EPILEPSY	SUDDEN DEATH/UNKNOWN CAUSE	MENTAL RETARDATION	HIGH BLOOD PRESSURE	KIDNEY DISEASE/BLADDERINFECTION	DEPRESSION/ANXIETY/MENTAL ILLNESS	RHEUMATISM/ARTHRITIS	ULCER/ GI PROBLEMS	STROKE	TUBERCULOSIS	BIRTH DEFECTS	HEART DISEASE	HIGH CHOLESTEROL	HIP DYSPLASIA	DEATHS If relative listed has died, list cause and age of death	AGE
	FIRST LAST NAME																						
FATHER																							
MOTHER																							
BROTHER and/or SISTER																							
GRAND-PARENTS																							

OTHER FAMILY ILLNESS (PLEASE LIST)

HABITS

YES	NO		YES	NO	
[ ]	[ ]	Uses seat belt	[ ]	[ ]	Trouble with hearing
[ ]	[ ]	Trouble with vision	[ ]	[ ]	Breathing problems or shortness of breath
[ ]	[ ]	Ever had eye exam	[ ]	[ ]	Easily fatigues or tiredness
[ ]	[ ]	Had dental exam within past year	[ ]	[ ]	Feeding or eating problems
[ ]	[ ]	Brushes teeth daily	[ ]	[ ]	Painful or frequent urination
[ ]	[ ]	Frequent colds	[ ]	[ ]	Easy bruising of bleeding
[ ]	[ ]	Frequent sore throats	[ ]	[ ]	Severe or frequent headaches
[ ]	[ ]	Frequent ear infections	[ ]	[ ]	Behavioral problems
[ ]	[ ]	Frequent diarrhea or constipation	[ ]	[ ]	Problems in school
[ ]	[ ]	Frequent vomitting,stomach pains	[ ]	[ ]	Stress in family
[ ]	[ ]	Joint/muscle pain,swollen or red joints			
[ ]	[ ]	Rashes			

OTHER INFORMATION THE DOCTOR SHOULD KNOW

RETURN TO ONE OF THE FOLLOWING OFFICES: **TRINITY MEDICAL WNY, PC -** 5879 Snyder Drive Lockport NY 14094