FUQUA FAMILY PRACTICE AND URGENT CARE

10655 FUQUA #C HOUSTON, TX 77089 PHONE: 713-941-1566 FAX: 713-941-1577

Patient Information

Date of Appointment: _____

What is your reason for your visit today? _____

Patient Name: _____D.O.B: _____ Age: _____

Race: (American Indian or Alaskan), (Asian), (Black or African American), (Hispanic or Latino), (Native Hawaiian), (White).

Ethnicity: (Hispanic or Latino), (Not Hispanic or Latino), (Patient Declined)

SS#: _____ Sex: ( ) F ( ) M ; Status: ( ) Married ( ) Widowed ( ) Divorce ( ) Single

Address: _____ City: _____

State/ Zip code: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Best time to reach you: _____Occupation: _____

Patient Employer/ School name and phone #: _____

Spouse Name: _____ Spouse Phone #: _____

IN CASE EMERGENCY CONTACT NAME : _____ PHONE: _____

INSURANCE INFORMATION:

Who is responsible for this account? _____ Relationship to Patient: _____

Insurance holder SS#: _____ INS. holder DOB:_____

Primary Insurance Company: _____ 2nd Insurance: _____

Insurer's ID Number:_____

FUQUA FAMILY PRACTICE AND URGENT CARE

10655 FUQUA #C HOUSTON, TX 77089 PHONE: 713-941-1566 FAX: 713-941-1577

HEALTH HISTORY: Check (X) Symptoms You Currently Have or Have Had In The Past Year.

General:__Chills __ Fever __Weight Loss __Decline In Health __Weakness __Fatigue __Weight Gain

Head:__Dizziness __Headaches __Fainting __Pain __Head Injury

Eyes:__Blurry Vision __Double Vision __Eyeglass Use __Pain with Light __Unusual Sensations __Cataracts __Excessive Tearing__Glaucoma __Recent Injury __Vision Loss __Discharge __Eye Pain __Eye Infections __Eye Redness

Ear, Nose, Throat: __Nose Discharge __Nose Infections __Sinus Infections __Frequent Colds __Nasal Obstruction __Hay Fever __Nosebleeds__Bleeding Gums __Postnasal Drip __Changes in Dentition __Tongue Biting __Hoarseness __Voice Changes __Ear Discharge __Hearing Impairment __Ringing in Ears __Dizziness __Ear Infections __Hearing Aid __Ear Pain__Frequent Sore Throats __Tonsils Enlarged __Neck Lump __Neck Tenderness

Respiratory:__Asthma __Bronchitis __Inflammation of Membrane Surrounding Lung __Short of Breath __Coughing Blood __Cough __Positive for Tuberculosis __Sputum __Wheezing __Pain with Deep Breath __Recent Chest X-ray __Tuberculosis

Cardiovascular:__Chest Pain __Arms/Legs feel Cold __Heart Murmur __History of Heart Attack __Rheumatic Fever __Short of Breath while Sleeping __Palpitations __Discolored Extremities __History of Heart Tests(Not EKG)__Leg Pain w/ walking __Short of Breath w/ Exertion __Swelling of Legs __Varicose Veins __Hair Loss on Legs__High Blood Pressure __Recent Electrocardiogram __Short of Breath while Lying Flat __Inflammation of Vein w/Clot

Psychiatric: __Depression __Disturbing Thoughts __Memory Loss __Psychiatric Disorders __Behavioral Changes __Excessive Stress __Mood Changes _Disorientation __Hallucinations __Nervous

Breasts:__Discharge __Self-Examination __Lumps __Tenderness __Breast Pain

Next page

FUQUA FAMILY PRACTICE AND URGENT CARE

10655 FUQUA #C HOUSTON, TX 77089 PHONE: 713-941-1566 FAX: 713-941-1577

Gastrointestinal:__Abdominal Pain __Heartburn __Rectal Bleeding __Black Tarry Stools __Change in Stool Color __Excessive Hunger__Hemorrhoids __Laxative Use __Swallowing Problems __Constipation__Jaundice __Abdominal X-ray Tests __Change in Frequency of Bowel Movement __Change in Stool Consistency __Excessive Thirst __Hepatitis __Nausea__Vomiting __Diarrhea __Liver Disease __Antacid Use __Change in Stool Shape __Decreased Appetite __GallbladderDisease __Stomach Infections __Rectal Pain __Vomiting Blood

Musculoskeletal:__Arthritis __Back Problems __Muscle Cramps __Restricted Motion __Joint Pain __Muscle Deformities __Muscle Stiffness__Weakness __Gout __Joint Stiffness __Paralysis

Skin:__Eczema __Easy Bruisability __Hives __Nail Appearance Change __Skin Color Change __Itching __Hair Dye __Skin Lumps__Nail Texture Change __Dryness __Hair Texture Change __Mole Increased Size __Rashes

Neurological:__Loss of Consciousness __Dizziness __Headaches __Paralysis __Tingling __Blackouts __Fainting __Memory Loss __Speech Disorders __Tremors __Burning __Head Injury __Numbness __Strokes __Unsteady Gait

Endocrine:__Weakness __Cold Intolerance __Goiter __Neck Pain Weight Gain __Excessive Urination __Heat Intolerance __Sweats __Weight Loss __Fatigue __Increased Thirst __Thyroid Trouble

Hematologic: __Anemia __Easy Bruisability __Swollen Glands __Bleeding Easily __Lumps __Transfusion Reaction __Blood Clots __Radiation Exposure

Allergic/Immunologic:__Cough __Itchy Eyes __Runny Nose __Watery Eyes __Coughing with Exercise __Itchy Nose __Sneezing __Wheezing __Hives __Recurrent Infections __Stuffy Nose __Wheezing with Exercise

Genitourinary: __Awakening to Urinate __Burning with Urinating __Back Pain __Urinary Infections __Kidney Stones __Strong Urine Odor __Bed-Wetting __Difficulty Starting Stream __Urinating Frequently __Pain with Urination __Urgency __Blood in Urine __Excessive Urination __Incontinence __Retention __Urine Discoloration

FUQUA FAMILY PRACTICE AND URGENT CARE

10655 FUQUA #C HOUSTON, TX 77089 PHONE: 713-941-1566 FAX: 713-941-1577

Please List Allergies and Reactions.

Medication Name(ex.Penicillin) **Reaction(ex. Hives)**

1._____ _____

2._____ _____

3._____ _____

Please List Medications, Dose, Frequency,Reason for Use.

Medication Name(ex.Norvasc)	Dosage(ex.5mg)	Frequency(ex.Once daily)	Reason for Use(ex.Blood Pressure)
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____
5._____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8._____	_____	_____	_____
9._____	_____	_____	_____
10._____	_____	_____	_____

List Family Medical History.

Relative: (ex.Father)	Status:Alive or Deceased	Illness(ex.Breast Cancer)	If Deceased, Age of Death
1. _____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____

List Your Medical History.(ex.Diabetes)

_____

_____

List Your Surgical History.

Surgery (ex. Left knee surgery)	Date of Surgery(ex.2007)
1._____	_____
2._____	_____
3 ._____	_____
4._____	_____
5._____	_____

FUQUA FAMILY PRACTICE AND URGENT CARE

10655 FUQUA #C HOUSTON, TX 77089 PHONE: 713-941-1566 FAX: 713-941-1577

Social History:

Have you ever used Tobacco? What type,last use,how often and have you attempted to quit?

Tobacco Type(ex.Dipping)	Last Used(ex.Today)	How often(ex. One pouch/day)	Attempted to quit(ex.twice)
_____	_____	_____	_____

Do you drink Alcohol? What type, last used, number of drinks in one sitting.

Alcohol Type(ex.hard liquor)	Last used(ex.Last Friday/Saturday)	Number of drinks one sitting(ex.Average 4)
_____	_____	_____

Do you use any recreational drugs? If so, when was last use,how often do you use,how much.

Drug Type:(ex.Marijuana)	Last Use:(ex.Last Tuesday)	How often:(ex.Daily)	How much:(ex.One Blunt/day)
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____

Signature:

To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

_____ _____

Signature of Patient, Parent, Guardian or Personal Representative **Date**

_____ _____

Please Print Name of Patient, Parent, Guardian or Personal Representative **Relationship to Patient**

_____ _____

Reviewed By **Date**