

New patient questionnaire

Name:

D.O.B:

Attention patients: Please fill out questionnaire clearly as possible; also please do not skip any questions. If a question does not apply to you please write N/A. Thank you for your cooperation and welcome to our office.

1.) Do you have any allergies to any medication? If so please list

What medications are you currently taking? Who is the prescribing physician for each?

2.) Which laboratory do you go to get your blood drawn? (i.e.: Quest, Washington Hospital, labcorp)

3.) Which Radiology facility do you go to?(i.e.: Norcal, Washington Hospital, insight imaging,)

4.) Have you recently had any MRI, X-rays, CT or Blood work drawn that we should obtain from your Primary Care Physician or referring physician? If so where did you go?

5.) Please list past medical history.

6.) Please list any past surgical history. If this does not apply to you put N/A please do not leave space blank.
