

Dear Patient, In an effort to improve care please take a moment to fill out the questions below:

Name: _____ Date: _____ Date of Birth: _____

Address: _____

What is your Primary Concern today? _____

Are there any other Non-Urgent concerns you would like the Doctor to know about? _____

Please list any prescriptions you may need refilled today: _____

Preferred Pharmacies: Name: _____ Ph#: _____
Please include addresses Address: _____ Fax#: _____
(Street/City) and City/St: _____
phone/fax numbers

Name: _____ Ph#: _____
Address: _____ Fax#: _____
City/St: _____

Please list any specialties/outside care you have received since your last visit _____

Please list: Race: _____ Ethnicity Hispanic/Latino
Language: _____ (circle one) Non-Hispanic/Non-Latino
Religion: _____

Have you received any immunizations since your last visit? Yes No

Do you have a Living Will or Advance Directives? Yes No
If not, would like information? Yes No

Phone#'s (circle preferred #) Cell: _____
Home: _____
Work: _____

Email Address: _____

Would you like to be notified of your appointments and when your test results are available by Text Message? Yes No