New Patient Form

PANAGIOTA ANDREOPOULOU, M.D.,

Your Name: _____, _____, _____

Last First MI

Today's Date:_____ **Age:** _____ **Date of Birth:** _____

LIST ALL YOUR MEDICATIONS BELOW. BRING THIS LIST WITH YOU EVERY TIME YOU HAVE AN APPOINTMENT HERE, OR WITH ANY DOCTOR. KEEP IT UP TO DATE.

START	STOP	MEDICATION	DOSE	# PILLS	ROUTE	TIMES per DAY

ALLERGIES (Medications)

NAME	REACTION	NAME	REACTION
1		6	
2		7	
3		8	
4		9	
5		10	

HOSPITAL ADMISSIONS / SURGERIES

DATE	REASON

FAMILY HISTORY: (Age, or age at death; Health problems)

MOTHER	
FATHER	
BROTHER(S)	
SISTER(S)	
SON(S)	
DAUGHTER(S)	
GRANDPARENT(S)	
ANY FRACTURES? ❑N0 ❑YES (What type & relation)	

SOCIAL HISTORY:

MARITAL: ❑ MARRIED ❑ SINGLE ❑ WIDOWED ❑ DIVORCED ❑ SEPARATED ❑ PARTNER ❑ OTHER

TOBACCO: ❑ NEVER ❑ STOPPED ❑ STILL TYPE _____ AMOUNT_____ DURATION_____

ALCOHOL: ❑ NEVER ❑ STOPPED ❑ STILL TYPE _____ AMOUNT_____ DURATION_____

OCCUPATION: _____ RETIRED? ❑ YES ❑ NO SPOUSE'S OCCUPATION _____

LAST: PAP _____ MAMMO _____ COLONOSCOPY _____ EKG _____ RESULTS:?

VACCINE: FLU _____ PNEUMOVAX _____ TETNUS _____ PPD _____ (+/-)

DIET _____ ACTIVITY _____

REASON FOR VISIT: _____

_____

_____

_____

_____

_____

_____

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