



**Patient Information Sheet**

First, MI, Last Name \_\_\_\_\_

Street Address/City/Zip \_\_\_\_\_

Primary Number \_\_\_\_\_ Mobile / Home / Work (Circle One)

Secondary Number \_\_\_\_\_ Mobile / Home / Work (Circle One)

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Method of Contact (please circle one)    Text Message    Phone    Email

Preferred Pharmacy (Name and Address) \_\_\_\_\_

Name of Guardian if patient is under 18 years old \_\_\_\_\_

Emergency Contact (Name/Number/Relationship) \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Specialist(s) \_\_\_\_\_

<b>Personal Medical History</b>
<b>Known Drug Allergies:</b>
<b>Medication List:</b>
<b>Personal History:</b> Heart Disease Diabetes Cancer Cholesterol Stroke Seizures Hypertension Lung Disease Genetic Disorder Mental Disorder Blood Disorder Other:
<b>Immediate Family History:</b>
<b>Social History:</b> Single    Married    Divorced    Widowed    Children    Smoking    Alcohol

Insurance Through (Check One):

<input type="checkbox"/> DPC	<input type="checkbox"/> NWI Education Service Center
<input type="checkbox"/> Duneland School Corporation	<input type="checkbox"/> Oregon-Davis School Corporation
<input type="checkbox"/> East Porter County School Corporation	<input type="checkbox"/> Pleasant Township Schools
<input type="checkbox"/> Griffith Public Schools	<input type="checkbox"/> Porter County Education Services
<input type="checkbox"/> Hanover Community School Corporation	<input type="checkbox"/> Porter Township School Corporation
<input type="checkbox"/> Knox Community School Corporation	<input type="checkbox"/> River Forest Community School Corporation
<input type="checkbox"/> Lake Station Community School Corporation	<input type="checkbox"/> School City of East Chicago
<input type="checkbox"/> Michigan City Area School Corporation	<input type="checkbox"/> Union Township School Corporation
<input type="checkbox"/> MSD of Boone Township	<input type="checkbox"/> Washington Township Schools
<input type="checkbox"/> MSD of New Durham Township	<input type="checkbox"/> Other: