Patient's Name:		DOB:
CHRESTERS		
CURRENT MEDICATIONS, OVER THE COUNTER MEDICATIONS		
<u>VITAN</u>	IINS AND HERBS	
PHARMACY NAME AND PHONE N	UMBER	
Name of Medication	Dosage (mgs)	Times per day
		Zanios por tary
·		
ALLERGIES/REACTIONS:		
IIV TESTING:	CC TITLE A	
We are required by New York State Law to and HIV testing?	oner HIV testing. Are you	interested in counselin
YES NO		
10		
HEPATITIS C TESTING:		
We are required by New York State Law to	offer Hepatitis C testing if	you are born between
he years of 1945-1965. Are you interested	in counseling and Hepatiti	s C testing?
YES NO	·	
NI A DEED ON E		
CHAPERONE:	-4 41 - 41 C	
Vould you like a nurse/chaperone present /ES NO	at the time of your exam:	

Patient Signature