



Patient Demographics and Insurance Information

Name: _____ Alias/AKA: _____

Date of birth: _____ Gender: _____

Address: _____

Home No. _____ Cell phone No. _____ Work Phone No. _____

Emergency Contact Person: _____ Relationship: _____ Phone No. _____

Race: _____ Ethnicity: _____ Religion: _____

Employer: _____ Employer Address: _____

E-mail address: _____ Enrolled in "My MedStar Patient Portal" Yes No

Primary Insurance: _____ Type: _____ Member ID #: _____

Secondary Insurance: _____ Type: _____ Member ID #: _____

Primary Care Physician: _____ Referring Physician: _____

Preferred Pharmacy: _____ Reason/s for visit: _____

Alternative Insurance:

Auto insurance/ Worker's Compensation: _____ Claim number: _____

Date of Injury: _____ Adjuster name & contact #: _____

Patient signature: _____ Date: _____

Name & signature of Patient Representative: _____ Date: _____

REVIEW OF SYSTEMS

GENERAL SYMPTOMS:

generalized weakness chills fever weight loss night sweats
 other: _____

RESPIRATORY SYMPTOMS:

cough asthma other: _____

GASTROINTESTINAL SYMPTOMS:

constipation cramping diarrhea incontinence nausea stool, black/bloody vomiting
 vomiting blood other: _____

GENITOURINARY SYMPTOMS:

incontinence nocturia retention urgency burning with urination incontinence o sexual dysfunction
 other: _____

EYE SYMPTOMS:

blurring discharge double vision recent visual problem visual disturbances
 other: _____

DERMATOLOGICAL SYMPTOMS:

changes in skin color dryness itching rash suspicious lesion
 other: _____

CARDIOVASCULAR SYMPTOMS:

chest pain/pressure at chest chest pain/pressure with activity claudication
 dizziness edema fatigue palpitations
 other: _____

NEUROLOGICAL SYMPTOMS:

concentration difficulties confusion/disorientation dizziness drowsiness
 faintness frequency of headache memory problems numbness seizures
 tingling visual changes weakness other: _____

PSYCHIATRIC SYMPTOMS:

anxiety depression delusional hallucination mania paranoia
 phobia suicidal other: _____

ENDOCRINE SYMPTOMS:

cold intolerance excessive hunger excessive thirst excessive urination
 heat intolerance other: _____

MUSCULOSKELETAL SYMPTOMS:

hemiparesis/weakness hemiplegia joint stillness joint swelling numbness
 spasticity tingling tremors o back pain joint pain muscle cramps
 restless legs other: _____

HEMATOLOGIC SYMPTOMS:

bleeding enlarged lymph nodes other: _____