

# Shawn H. Hamilton, M.D., Inc.

4902 Irvine Center DR. Suite 105, Irvine, CA 92604

Phone: 949-651-9671, fax: 949-653-0556, Website: shawnhamiltonmd.com

## Demographic

<b>First Name</b>	<b>Emergency Contact</b>
<b>Last Name</b>	Name
<b>Date of Birth</b>	Relationship
	Phone:
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Health Insurance</b>
<b>Preferred language</b>	<input type="checkbox"/> <b>Primary</b> Health Plan policy number                      Group#
<b>Email</b> <input type="checkbox"/> <b>Portal Connect Activation</b>	Address
<b>Home phone</b>	<input type="checkbox"/> <b>Secondary</b> Health Plan policy number                      Group#
<b>Mobile phone</b>	Address
Notification Preference <input type="checkbox"/> <b>Phone</b> <input type="checkbox"/> <b>text</b> <input type="checkbox"/> <b>Email</b> <input type="checkbox"/> <b>Patient Portal</b>	Subscriber <input type="checkbox"/> <b>Self</b> <input type="checkbox"/> <b>Spouse</b> <input type="checkbox"/> <b>Parent</b> <b>Any Other Insurance?</b> _____

## EHR

**Drug Allergy:**  Unknown

List allergies and reactions \_\_\_\_\_

**Medical Conditions (list any heart conditions, diabetes, any significant health issues)**  None

**Medication**  None

**Procedures:** (List any surgery, colonoscopy, Endoscopy, Stent, Pace maker, etc, and the date done)  None

**Family History (any significant cancer, heart disease, how they relate to you)**

unknown,

Mother \_\_\_\_\_ Father \_\_\_\_\_ Others \_\_\_\_\_

**Social History:**

Smoker  Non-smoker

Drinks Alcohol  Social Drinker  Non-Drinker

recreational drug use  no recreational drug use

Exercise ½ hour a day  Exercise some days  No exercise

Preferred Pharmacy Name \_\_\_\_\_, City \_\_\_\_\_, Phone number \_\_\_\_\_