

Best Care Clinic

NAME: _____ DOB: _____

ADDRESS: _____

SSN: _____
(we will need this to make any referrals or order imaging)

Email Address: _____

Home Phone: _____

Cell Phone: _____

EMERGENCY CONTACT: _____

Phone _____

Relationship _____

If insurance is under someone else we need their

Name: _____ date of birth: _____

Best Care Clinic

NAME _____ DOB _____

ALLERGIES (Please list all allergies and what happens)

PAST MEDICAL HISTORY: (Please check all that apply.)

Arthritis _____ Cancer (type) _____
Anemia _____ Depression _____ Congestive Heart Failure _____ Stroke _____
COPD _____ Heart Attack _____ Enlarged Prostate _____

Other _____

SURGICAL HISTORY: (Please fill in date)

Appendectomy _____ Arthroscopy _____ Fracture Repair _____
Hernia Repair _____ Hysterectomy _____ Vasectomy _____
D & C _____ Prostatectomy _____ Rotator Cuff _____
Tubal Ligation _____ Joint Replacement _____ Carpal Tunnel Release _____
Gall Bladder Removal _____ Tonsillectomy _____

Other:

Previous Primary Care Provider _____

Other Specialists: _____

Do You Have any of the Following Advance Care Directives:

Living Will

Medical Power of Attorney

DNR

FAMILY HISTORY:

(M = mother; F = father; B = Brother, S = Sister; GM = grandmother; GF = grandfather)

Alzheimer's Disease: _____ Heart Attack: _____ Rheumatoid Arthritis _____

Asthma: _____ Diabetes: _____ High Blood Pressure: _____

High Cholesterol: _____ COPD: _____ Cancer, (type) _____

Thyroid Disease: _____ Stroke: _____ Depression: _____

SOCIAL HISTORY:

Single

Married

Divorced

Widowed

Do you use Tobacco? None Cigarettes Cigars Smokeless Tobacco

How much? _____ When did you quit smoking? _____

Do you use Alcohol? None Beer Wine Liquor

How often? _____

ADDITIONAL COMMENTS:

Best Care Clinic Does Not Prescribe
Chronic Pain medication, Benzodiazepines
or ADD/ADHD medications

Due to rising healthcare deductibles, if you
have not met your deductible you will
be expected to pay \$100 on the day of your visit
as a new patient and \$75 each visit after until
you have met your deductible

We accept credit/debit cards, however
there will be a \$1 transaction fee