



St. Pete FamilyCare

an affiliate of the Residency Program at St. Petersburg General Hospital

PATIENT REGISTRATION FORM

Today's Date: _____

Name: _____ Sex: M F

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Date of Birth: _____ Age: _____ SS#: _____

Ethnicity: _____ Preferred Language: _____

Race: American Indian or Alaska Native Black or African American Asian
 Native Hawaiian or Other Pacific Islander Unreported/Refused to Report White

Emergency Contact: _____ Phone: _____ Relationship: _____

Marital Status: Single Married Divorced/Separated Widowed

Employed: Full Time Part-time Unemployed Disabled Retired Military

Employer: _____ Job Title: _____

Local Pharmacy Name: _____ Address: _____

Preferred Lab Facility: _____



St. Pete FamilyCare

an affiliate of the Residency Program at St. Petersburg General Hospital

Insurance Card(s): Please present to receptionist to photocopy for file.

Primary Insurance: _____ Secondary Insurance: _____

Whom may we thank for referring you to us?

- Friend/Family
- The Beacon local paper
- Postcard
- Valpak
- Consult A Nurse
- Health Fair
- Hospital _____
- Physician referral _____
- Insurance _____

Internet: Google Plus Facebook Vitals Healthgrades Yelp

StPeteFamilyCare.com

I hereby authorize St Pete Family Care to release all or part of my medical records to Medicare and/or any other companies, if requested, without any liability to St Pete Family Care. I hereby authorize Medicare and/or my insurance companies to pay directly to St Pete Family Care any payments, assignments or benefits due me.

_____ Date: _____

Patient Signature



Reason for Today's Visit? _____

Which of the following conditions are you currently being treated or have been treated for in the past
(please check)

Cardiovascular:

- Arrhythmia Murmur Angina/heart stents Clots in legs/arms High cholesterol
- High blood pressure Heart attack Congestive Heart Failure

Pulmonary:

- Asthma Pneumonia Lung Clots COPD/Emphysema Sleep Apnea

Gastrointestinal:

- Cirrhosis Hepatitis Irritable Bowels Crohn's disease Heartburn (reflux)
- Gastric Ulcers Diverticulitis Rectal bleeding Colonoscopy

Renal/GU:

- Prostate Enlargement Kidney stones Incontinence/loss of bladder control
- Urinary Tract Infections

Musculoskeletal:

- Chronic Pain (where?) _____ Fibromyalgia Gout Arthritis Osteoporosis

Endocrine:

- Diabetes (Type I or Type II) Thyroid problems (High or Low)

Neurological:

- Stroke Dementia Migraines Multiple Sclerosis Parkinson Neuropathy
- Seizures TIA/ministroke



St. Pete FamilyCare

an affiliate of the Residency Program at St. Petersburg General Hospital

Allergy/Immunology/Dermatology:

- Allergies Eczema Frequent ear infections Psoriasis Frequent sinus infection

Other:

- Any Cancer (what kind?) _____
- Cataract Glaucoma Anemia or blood problems Psychiatric care

CURRENT MEDICATIONS

Name, strength, frequency

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

ALLERGIES Do you have allergies to drugs, food, latex, dye? YES NO

Allergy - list medications, food, latex, dye, etc.	Reaction - rash, shortness of breath, hives, itching, etc.

SURGICAL HISTORY

Surgery	Facility



St. Pete FamilyCare

an affiliate of the Residency Program at St. Petersburg General Hospital

FAMILY HISTORY

Living	Age	Health Status
Father		
Mother		
Sisters		
Brothers		
Deceased	Age at Death	Cause of Death
Father		
Mother		
Sisters		
Brothers		

SOCIAL HISTORY

Number of Children? _____ Ages _____

Do you smoke? Yes ____ No ____ How much _____ How Long _____ Year Quit _____

Do you drink alcohol? Yes ____ No ____ how much per week? _____

Do you exercise? Yes ____ No ____ What do you do? _____ Frequency _____

Please check all that apply:

Eyesight: Good Fair Poor Glaucoma

Ears, Nose, Throat: Poor Hearing Sore Throat Sinus Problems

Gastrointestinal: Swallowing Problems Indigestion Bloody stools Diarrhea

Genitourinary: Difficulty Urinating Blood in Urine Prostate Problems
 Kidney problems



St. Pete FamilyCare

an affiliate of the Residency Program at St. Petersburg General Hospital

Musculoskeletal: Muscle Pain Joint pain Arthritis

Integumentary: Skin Rash Skin Disorders

Neurological/Psychiatry: Fainting Depression Anxiety Drug Dependence

Endocrine: Thyroid Disease Diabetes

Hematologic/Lymphatic: Taking Blood Thinners Taking Aspirin Coumadin

Allergic/Immunologic: Sinusitis Hayfever Allergies

Signature of Patient: _____ **Date:** _____