



NorthEast Endocrinology

Date of Appointment / /
Month Day Year

Na me Age Birthday / / Sex M F
Last First MI Month Day Year

Address Phone # /
Home Work

Where do you work Occupation

Marital Status:

 Never Married Married Divorced Separated Widowed

How many children do you have? Ages

Who lives with you?

Family Medical History

	Age	Medical Conditions
Mother		
Father		
Brother		
Sister		
Brother		
Sister		

Do you have any family members with diabetes or thyroid disorders?

Habits: Check any that apply.

 Smoke or Chew Tobacco (how much?)

 Caffeine (cups)

 Drink Alcohol (how much?)

 Recreational Drugs

Past Medical History:

1.

4.

2.

5.

3.

6.

Continued on other side

Past Surgical History:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Allergies: _____

Current Medications: Please list all medications you are taking.

Name of Drug	Dose (strength and how often)	How long have you been on this?

What is most important to you at this appointment? _____

MD signature _____