

Updated Demographic Information & Medical History

Name: _____ DOB: _____

e-mail: _____

Street Address: _____

Home phone# (____) _____ Cell phone # (____) _____

VITALS:

Height: ____ ft ____ in Weight: ____ lbs

Typical Blood Pressure: _____ / _____ (if known) Typical Temperature: _____ °F (if known)

Preferred Language: _____

Ethnicity/Race:

___ Hispanic or Latino

___ American Indian or Alaskan Native

___ Asian

___ African American

___ Native Hawaiian or Other Pacific Islander

___ White

___ Decline to answer

Smoking History:

___ smoker

___ former smoker

___ never a smoker

Allergies:

_____	very mild	mild	moderate	severe
_____	very mild	mild	moderate	severe
_____	very mild	mild	moderate	severe
_____	very mild	mild	moderate	severe

Medications:

Med name	dosage/frequency	Med name	dosage/frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____