



HAMDEN • 1700 DIXWELL AVENUE
NORTH HAVEN • 163 UNIVERSAL DRIVE NORTH
NORWALK • 677 CONNECTICUT AVENUE
ORANGE • 109 BOSTON POST ROAD
STRATFORD • 200 E MAIN STREET
WATERBURY • 279 CHASE AVENUE / 506 FROST ROAD
WEST HAVEN • 636 CAMPBELL AVENUE

PATIENT INFORMATION (PLEASE FILL IN COMPLETELY, ALL INFORMATION REQUIRED)

REASON FOR VISIT: _____ DATE: _____

LAST NAME: _____ FIRST: _____ MI: _____ DOB: ____/____/____

HOW DID YOU HEAR ABOUT US? _____

PRIMARY CARE PHYSICIAN: _____

WOULD YOU LIKE A PRIMARY CARE PHYSICIAN FROM OUR FACILITY? YES NO

CURRENT MEDICATIONS: NONE

DRUG: _____ DOSAGE: _____ FREQUENCY: _____

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DRUG: _____ DOSAGE: _____ FREQUENCY: _____

MEDICATION ALLERGIES: NONE _____

OTHER ALLERGIES: _____

HAVE YOU HAD YOUR ANNUAL PHYSICAL? YES NO WOULD YOU LIKE A SLEEP EVALUATION? YES NO

HAVE YOU EVER HAD AN ECHO CAROTID ULTRASOUND? YES NO

MEDICAL HISTORY NON-CONTRIBUTORY

(CIRCLE ALL THAT APPLY)

ACID REFLUX ASTHMA HEART DISEASE CANCER (TYPE) _____

ANEMIA DIABETES HIGH BLOOD PRESSURE DEPRESSION SEIZURES THYROID DISEASE KIDNEY DISEASE

OTHER (S) EXPLAIN: _____

SURGICAL HISTORY

TYPE: _____

TYPE: _____

FAMILY HISTORY NON-CONTRIBUTORY

DEPRESSION ASTHMA HEART DISEASE DIABETES CANCER (TYPE) _____

HIGH CHOLESTEROL OTHER (EXPLAIN) _____

SOCIAL HISTORY NON-CONTRIBUTORY

OCCUPATION: _____ FULL-TIME PART-TIME

SMOKER? YES NO NUMBER OF PACKS PER DAY? _____ SUBSTANCE ABUSE? YES NO ALCOHOL ABUSE? YES NO