Bartels Medical Associates, PLLC

Medical Weight Control

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Cary, North Carolina 27518-6770

Telephone (919)233-6644

www.BartelsMedical.com

 Date:

Last Name: First Name: Middle Initial:

Address: City: State & Zip Code:

Date of Birth: Occupation:

Phone Numbers: (Home) Are you currently on Medicare or Medicaid? Yes No

 (Work) Lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) (Example: wife, husband, son, alone, etc)

OK to leave Message at home? Y N

List ALL Medications that you are now taking or that you usually take. Include all prescriptions from other physicians and all medications bought without a prescription; such as anacids, laxatives, and pain medications such as aspirin. Please list the dosage and frequency used (example: aspirin, 5 grains, two tablets every four hours)

1. Do you have drug or Food allergies?

 Yes No

2. IF the answer is yes, please list them below:

3.

4.

5.

6.

7.

8.

9. Do You Smoke? Yes No Number/Day

10. Do you Drink Alcohol? Yes No Amount

Please list any serious medical and surgical illnesses that you have had.

MAJOR MEDICAL ILLNESSES (List the onset. This should include such things as high blood pressure, cancer, pneumonia, diabetes, heart disease, asthma and others.)

1. Date Doctor

1. Date Doctor

3. Date Doctor

1. Date Doctor

IMMUNIZATIONS:

 Adult Date

Pneumonia

Flu Vaccine

Tetanus

Other

HOSPITALIZATIONS and SURGERIES List the times that you have been in the hospital, either for a medical problem or for surgery.

 Date Doctor

 Date Doctor

 Date Doctor

 Date Doctor

 Date Doctor

List Diagnostic procedures such as Pap Tests, Mammograms, Colonoscopies, etc.

 Date Doctor

 Date Doctor

 Date Doctor

Date of last complete physical examination Date Doctor

Please give us your family history of various problems, such as diabetes, heart trouble, high blood pressure, stroke, cancer, bleeding diseases, tuberculosis, gout, arthritis, kidney disease, convulsive disorder, suicide or other problems.

Father: If living, give age ( ) health problems

 If dead, give age at death ( ) cause

Mother: If living, give age ( ) health problems

 If dead, give age at death ( ) cause

Siblings: Total Living ( ) Total Dead ( ) Cause of death

 List any health problems

Children: Total Ages Illnesses

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