

VIRTUE MEDICINE P.C.

Clinics in Mind-Body Health



Studio for Ethics & Contemplative Arts

Full Name: _____

Date of birth: _____

Mailing Address: _____

(Home Phone) _____ (Work Phone) _____

(Cell Phone) _____ (Email) _____

I prefer for the medical office to contact me during our business hours at:

Home Phone Work Phone Cell Phone Email Specify: _____

Virtue Medicine uses a scheduling program that provides appointment confirmations by email.

Check here if you DO NOT want appointment confirmations delivered to your email address.

My Primary Care Physicians:

Other Health Care Providers:

If I am unable to make decisions because of severe illness, this is name and contact information for the person I prefer to make emergency decisions for me:

- | | |
|---|---|
| <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Adult Child | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Parent | <input type="checkbox"/> _____ |

Past Medical History and Current Medical Problems (include the date/year of diagnosis)

Previous surgeries or injuries

Family medical history

(indicate the person's relationship to you and the diagnosis)

Caffeine? None Estimated 8-ounce caffeinated beverage per day ____

Tobacco? None Smoked cigarettes from age ____ to ____ . ____ packs per day.

Check if you've used the following: Cigars Chewing Tobacco

Alcohol? None Estimated drinks per week ____

Check if you've had the following alcohol complications: Black-outs Legal Problems Withdrawal Symptoms

Drugs? None Type(s) and history of use _____

Please list current medications, including supplements or vitamins:

Please list allergies or intolerances of medications, latex, dyes, foods, or other:

Describe your typical physical activities/exercise:

Describe your typical daily diet:

Do you have any concerns about violence or abuse in your current environments? Yes No

Have you been a victim of previous violence or abuse? Yes No

Signature: _____

Date: _____

