

First State Endocrinology
774 Christiana Rd, Ste 109 Newark, DE 19713

Name: _____ Date of Birth: ____ / ____ / ____
Address: _____ City/State _____ Zip _____
SSN: _____ Home #: _____ Cell #: _____
Preferred Contact #: _____ Race: _____ Ethnicity _____
Primary Care Physician: _____ Referring Physician _____
Other Specialist: _____

Allergies

No Known Allergies. If yes, please list all drug, food, and environmental allergies.

Past Medical History

Procedure and Surgeries

None. If yes, please list all procedures/surgeries. (Ex: Tonsillectomy, 2005)

Preferred Pharmacy

Name: _____ Location: _____
Phone Number: _____

Preferred Lab

Name: _____ Location: _____



Family History

Please check all that apply.

Unknown

Adopted

Type	Mother	Father	Sister	Brother	Grandmother Maternal	Grandmother Paternal	Grandfather Maternal	Grandfather Paternal
Cancer								
Diabetes								
Heart Disease								
High Blood Pressure								
High Cholesterol								
Osteoporosis								
Thyroid Disease								
Other (Please Specify):								

Social History

Alcohol Use:

Current

Past

Never

Please circle if applicable: Beer | Wine | Liquor

Tobacco Use:

Current

Past

Never

Please circle if applicable: Cigarettes | Cigars | Oral | Pipe | Snuff

Exercise and Physical Activity:

Never

1-2 times per week

3-4 times per week

5-6 times per week

Daily

- I acknowledge that I have been informed of the notice of privacy policies of First State Endocrinology, which abides by all HIPAA policies for optimal patient privacy.
- First State Endocrinology's "No Show Policy" is as follows: there will be a \$25 fee for not keeping your appointment. At least 24 hours' notice is required in order for this fee to be waived.

I have read and accept all of the above office policies and procedures

Signature: _____ Date _____