



Creekside Family Medicine

Heidi Carr, NP

12 North Church Street,
Canaseraga, NY 14822

Phone: (607) 545-0032 Fax: (607) 545-0039

PATIENT INFORMATION

Date _____

• Name _____ SS # _____

Address _____ Phone # _____

_____ Email _____

• Insurance _____ ID # _____

Address _____ Subscriber _____

• Family physician _____ Phone # _____

• Referring physician _____ Phone # _____

• Person to notify _____

Address _____ Phone # _____

_____ Relationship to patient _____

• Pharmacy _____

• List ALL Medications, including dosage and frequency

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• List allergies

_____	_____
_____	_____
_____	_____





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PATIENT HISTORY QUESTIONNAIRE

Medical History

X all that apply.

Anemia	Angina/chest pains	Arthritis	Asthma	Bladder condition
Bleeding disorder	Blood clots	Cancer – colon	Cancer – other	Chronic cough
COPD	Deep Vein Thrombosis (DVT)	Diabetes	Easy bruising/bleeding	Frequent Infections
Constipation	Colon polyps	Diverticulitis	Gall bladder conditions	Gastric ulcers
GERD	Heart conditions – Congestive heart failure or murmurs	Hemorrhoids	High blood pressure	Jaundice/liver disease
Lipomas	Low blood pressure	Nausea	Perirectal abscess	Palpitations
Pilonidal cyst	Prostate condition(s)	Reaction to anesthesia	Sleep apnea	Stroke
Thyroid condition	Vomiting (Blood/bile)			

Social History

Alcohol	Yes	No	How often per week?
Tobacco Use	Yes	No	How many packs a day?
Former smoker	Yes	No	When did you quit?
Recreational drug use	Yes	No	

Surgical History

Date/Year

Abdominal surgery	Yes	No	
Appendectomy	Yes	No	
Blood transfusion	Yes	No	
Gall bladder surgery	Yes	No	
Hernia repair	Yes	No	
Hysterectomy	Yes	No	
Tonsillectomy	Yes	No	
Colonoscopy	Yes	No	
Other			



Hospitalizations

Family History

Number of children Sons _____ Daughters _____ Healthy? Yes No
 Number of siblings Brothers _____ Sisters _____ Healthy? Yes No

Have any blood relatives had any of the following?	Mother	Father	Sister(s)	Brother(s)	Children	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Breast cancer									
Colon cancer									
Uterine cancer									
Ovarian cancer									
Melanoma									
Diabetes									
Epilepsy									
Heart trouble									
High blood pressure									
Rheumatoid arthritis									
Gout									
Reaction to anesthesia									
Stroke									
Tuberculosis									
Other									

