

Advantage Medical Group

1104 E 23rd Street
Lawrence, KS 66046
785-749-0130

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Email: _____ Birth Date: _____ Sex: M F Height: _____ Weight: _____
SS# _____ Marital Status: M S W D Spouse's Name: _____
Spouse's Employer: _____ Spouse's Work #: _____
(Different address)-Emergency Contact Name: _____ Phone: _____
Address: _____ City, State, Zip: _____
Who referred you to the office(or how did you hear about our office?) _____
Job Description: _____ Employer: _____
Who is responsible for your bill? () Self () Work Comp () Auto
() Health Ins: Primary _____ Secondary: _____
PRI: Insured's Full name: _____ Relation: _____ DOB: _____ Insured's Employer: _____
SEC: Insured name: _____ Relation: _____ DOB: _____ Ins Employer: _____

Past Health History

Please list all other physicians (INCLUDING CHIROPRACTORS)

PHYSICIAN NAME: WHY SEEN, WHERE, WHEN, WHAT WAS DONE RESULTS

WHO DID WHEN WHERE RESULTS

Last Physical: _____

Any seasonal, MEDICINAL, or food allergies? YES _____ NO _____

Last Blood Profile: _____ EKG: _____ IMMUNIZATIONS: _____

Operations: _____

Hospitalizations: _____

Are present problems due to an accident/injury: () Yes () No

() Auto () Work () Home () Other: _____

Accidents or falls (please describe): _____

Fractures or Dislocations: _____

HABITS: (Circle if yes, amount per day)

Sleep _____ Coffee _____ Tea _____ Alcohol _____

Tobacco _____ Exercise _____ Hobbies _____ Stress _____

List All Medications Or Over the Counter Drugs: _____

Vitamins: _____ Glasses of Water Per Day: _____

Reason for Treatment Today Date Started Rate Pain (1 is low-10 is high)

#1 _____

#2 _____

#3 _____

#4 _____

Pain Interferes With: ___ Sitting ___ Walking ___ Work ___ Standing ___ Sleep ___ Daily Activities

Are you Pregnant? ___ Yes ___ No Number of Children you have: _____

Patient Signature: _____ Date: _____

	PERSONAL HISTORY			FAMILY HISTORY	
	YES	WHEN	NO	NO	YES SPECIFIC MEMBER
Abdominal Bleeding					
AIDS					
Allergies					
Anemia					
Arthritis/joint pain					
Asthma/Emphysema					
Black Tarry Stools					
Bleeding Diseases					
Blood in Stool					
Blood or Pus inUrine					
Cancer					
Change in Bowel					
Chest Pain					
Colitis					
Constipation					
Convulsion					
Cough					
Coughing Blood					
Depression					
Diabetes					
Difficulty Swallowing					
Dizziness					
Enlarged Heart					
Double Vision					
Epilepsy					
Fainting Spells					
Gallstones					
Gall Bladder Disorder					
Glaucoma					
Headaches					
Heart Disease					
Heart Murmur/Irregular					
Hepatitis/HIV					
Hoarseness					
High Blood Pressure					
Indigestion					
Kidney Infection/Stone					
Leg Pain					
Back Pain					
Lung Disease/pneumonia					
Lyme Disease					
Nosebleeds					
Neck Pain					
Nervous Disorder					
Numbness /paralysis					
Painful Urination					
SKIN CONDITION					
Thyroid Problems					