

913-588-6100

**NEW PATIENT INFORMATION
& REGISTRATION**

Please check the box next to the name of the provider you are scheduled to see:

- | | | |
|--|---|---|
| <input type="checkbox"/> David Anderson, M.D. | <input type="checkbox"/> Stephen Munns, M.D. | <input type="checkbox"/> Lindsay Hall, P.A. |
| <input type="checkbox"/> Tyler Fox, M.D. | <input type="checkbox"/> Joshua Nelson, M.D. | <input type="checkbox"/> Stephanie Caldwell, P.A. |
| <input type="checkbox"/> Randy Goldstein, D.O. | <input type="checkbox"/> John Sojka, M.D. | <input type="checkbox"/> Erin Christensen, APRN |
| <input type="checkbox"/> Archie Heddings, M.D. | <input type="checkbox"/> Kimberly Templeton, M.D. | <input type="checkbox"/> Alexis Johnson, APRN |
| <input type="checkbox"/> Kelly Hendricks, M.D. | <input type="checkbox"/> Michael Tilley, M.D. | <input type="checkbox"/> Laura Lyons, APRN |
| <input type="checkbox"/> Greg Horton, M.D. | <input type="checkbox"/> E. Bruce Toby, M.D. | |
| <input type="checkbox"/> Vincent Key, M.D. | <input type="checkbox"/> Paul Schroepfel, M.D. | |

Today's Date _____

PATIENT INFORMATION

Last Name: _____ First Name _____ MI _____

Address _____ Day Phone () _____

City _____ ST _____ ZIP _____ Evening Phone () _____

County _____ Country _____ Cell Phone () _____

Email Address _____

Date of Birth: ____/____/____ Age _____

Social Security Number _____ - _____ - _____

Gender: Male Female

Religion: Christian Catholic Buddhist Muslim

Jewish Non-Denominational None Unknown

Other _____

Patient Employer: _____ Address _____

City _____ ST _____ ZIP _____ Phone _____

Emergency Contact: _____ Relationship to Patient _____ Phone _____

Referred by: (check one)

Self Family Doctor Attorney Other _____

Work Comp Case Mgr _____ Case Manager's Phone Number: _____

Primary Care Physician:

Name _____ Phone: _____ Fax: _____

Address: _____ City _____ ST _____ ZIP _____

Referring Physician

Name _____ Phone: _____ Fax: _____

Address: _____ City _____ ST _____ ZIP _____

INSURANCE INFORMATION

Primary Insurance Provider _____ Policy Holders Name: _____

Policy Holder's DOB ____/____/____ Policy Holder's SSN ____ - ____ - ____ Relationship to Patient _____ Policy # _____

Claims Address _____ Phone # _____

Secondary Insurance Provider _____ Policy Holders Name: _____

Policy Holder's DOB ____/____/____ Policy Holder's SSN ____ - ____ - ____ Relationship to Patient _____ Policy # _____

Claims Address _____ Phone # _____

Name of Guarantor _____ Guarantor's DOB ____/____/____ Guarantor's SSN ____ - ____ - ____

Relationship to Patient _____ Guarantor's Employer _____

Address _____ Phone _____

Describe the reason for your visit today: _____

Date of Injury: _____ Work related: Yes No

Have you seen another physician for today's problem? Yes No If so, who? _____

What test/procedures did the other physician order? CT Scan X-Ray Bone Scan MRI Other _____

Describe any previous treatment for today's problem: _____

Allergies: _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Preferred Pharmacy (ex: Walgreens 75th & Metcalf): _____

Medications (Prescription & Over the Counter) & Vitamins & Herbal/ Natural Supplements: _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Past Medical History: _____

- Anesthesia Complications
- Arthritis
- Back Problems
- Bleeding Disorder
- Cancer
- Cardiac Problems
- Carpal Tunnel
- Connective Tissue Disease
- Diabetes Mellitus
- Deep Vein Thrombosis
- Fracture
- Recurrent Infections
- Heart Disease
- History of Foot Ulcers
- Home Oxygen Use
- Lupus
- Malignant Hyperthermia
- Osteoarthritis
- Osteomyelitis
- Osteoporosis
- Pagets Disease of Bone
- Problems With Wound Healing
- Pulmonary Embolus
- Raynauds Disease
- Rheumatoid Arthritis
- Scleroderma
- Thyroid Disease
- Vascular disease

Past Surgical History [with approx. year(s)]: _____

- Abdominal Surgery
- ACL Reconstruction
- Ankle Fracture Surgery
- Ankle Replacement
- Appendectomy
- Arthroplasty
- Arthroscopy
- Artificial Heart Valve
- Back Surgery
- Cardiac Catheterization
- Carotid endarterectomy
- Carpal Tunnel
- Cholecystectomy
- Elbow Surgery
- Femur Fracture Surgery
- Foot Fracture Surgery
- Foot Surgery, Other
- Fusion Procedures
- Hand Surgery
- Heart Surgery
- Hernia repair
- Hip surgery
- Humerus Fracture Surgery
- Joint Replacement
- Knee surgery
- Laminectomy
- Primary Revision
- Shoulder Surgery
- Tonsillectomy
- Wrist Fracture Surgery

Family History: _____

- Alcohol liver disease
- Anesthetic Complication
- Cancer
- Bleeding Disorders
- Collagen Disease
- Hip Fracture
- Malignant Hyperthermia
- Osteoporosis
- Arthritis-rheumatoid
- Scoliosis
- Stroke

Social History:

Tobacco Use:

- Current Smoker – Every Day
- Current Smoker – Some Days
- Former Smoker
- Never Smoker
- Passive Smoker

Tobacco Use: Cigarettes Pipe Cigars

Packs/day: 0.25 0.5 1.0 1.5 2.0 _____

Years: _____

Quit Date: _____

Smokeless Tobacco:

- Current User
- Former User
- Never Used

Types: Snuff Chew

Quit Date: _____

Counseling Given? Yes No

Ready to Quit? Yes No

Alcohol Use: Yes No

Types: Beer Wine Mixed Drinks

No. of Drinks: 1 2 3 4 5+

Per: Day Week Month

Drug Use: Yes No

Types: Marijuana Cocaine or Crack Heroin
 Meth Other

Review of Systems:

Constitution:

- Activity change
- Appetite change
- Chills
- Diaphoresis
- Fatigue
- Fever
- Unexpcted wt chnge

Eyes:

- Eye discharge
- Eye itching
- Eye pain
- Eye redness
- Photophobia
- Visual disturbance

GU:

- Difficulty urinating
- Dyspareunia
- Dysuria
- Enuresis
- Flank pain
- Frequency
- Genital sore
- Hematuria
- Menstrual problem
- Pelvic pain
- Urgency
- Urine decreased
- Vaginal bleeding
- Vaginal discharge
- Vaginal pain

Neurological:

- Dizziness
- Facial asymmetry
- Headaches
- Light-headedness
- Numbness
- Seizures
- Speech difficulty
- Syncope
- Tremors
- Weakness

HENT:

- Facial swelling
- Neck pain
- Neck stiffness
- Ear discharge
- Hearing loss
- Ear pain
- Tinnitus
- Nosebleeds
- Congestion
- Rhinorrhea
- Postnasal drip
- Sneezing
- Sinus pressure
- Dental problem
- Drooling
- Mouth sores
- Sore throat
- Trouble swallowing
- Voice change

Respiratory:

- Apnea
- Chest tightness
- Chocking
- Cough
- Shortness of breath
- Stridor
- Wheezing

Cardiovascular:

- Chest pain
- Leg swelling
- Palpitations

GI:

- Abd distention
- Abdominal pain
- Anal bleeding
- Blood in stool
- Constipation
- Diarrhea
- Nausea
- Rectal pain
- Vomiting

MS:

- Arthralgias
- Back pain
- Gait problem
- Joint swelling
- Myalgias

Skin:

- Color change
- Pallor
- Rash
- Wound

Hematologic

- Adenopathy
- Bruises/blds easily

Psychiatric:

- Agitation
- Behavior problem
- Confusion
- Decr concentration
- Dysphoric mood
- Hallucinations
- Hyperactive
- Nervous/anxious
- Self-injury
- Sleep disturbance
- Suicidal idea