Patient History & Information

IOWA PARK CLINIC
A Division of
Electra Memorial Hospital

Dr. Pablo Teveni, MD **Chevon Urbanek, NP-C** **Kelley Pruitt, FNP** **Sara Large, NP-C** **Kristi Barnard, PNP**
(Circle Your Provider)

Patient Name: _____ **Date of Birth:** _____

Sex: ☐M ☐F **Race:** _____ **Religion:** _____ **Marital Status: M S D W**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **DL #/State:** _____ **Social Security #:**_____-_____-_____

Email Address: _____ **Pharmacy:** _____

Employer: _____ **Retired?** ☐ **Y** ☐ **N** **If yes, date of retirement:** _____

Employer's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Smoker:
- ☐ Current every day smoker
- ☐ Former smoker
- ☐ Never smoker
- ☐ Heavy tobacco smoker
- ☐ Light tobacco smoker
- ☐ Vapor user

Smokeless Tobacco:
- ☐ Never used moist powdered tobacco
- ☐ Ex-user of moist powdered tobacco
- ☐ Never chewed tobacco
- ☐ Snuff user
- ☐ Chews tobacco

Do you use drugs? ☐ Y ☐ N **Consume Alcohol?** ☐ Y ☐ N If yes to either of these, how much and how often?_____

Current Medications:

Name of Medication	Reason Prescribed	Dosage	How long on Med

Drug Allergies: _____ **Any Other Allergies:** _____

Date of last: Tetanus booster _____ Flu Vaccine _____ Pneumonia Vaccine_____ Shingles Vaccine _____
EKG _____Colonoscopy or EGD _____ DEXASCAN _____ Eye Exam _____

Family History (*Please indicate relationship of any family member who has had any of the following)*
Diabetes _____ Cancer _____HBP _____Heart Attack _____ Stroke_____

Past Surgeries, Procedures or Injuries:

Surgery, Procedure or Injury	Reason	Month/Year

Past/Current Medical History (Check all applicable)

☐ Lung Disease	☐ Cholesterol	☐ Asthma	☐ Neck Problems	☐ Arthritis
☐ Liver Disease	☐ Heart Disease	☐ Hepatitis	☐ Sleep Apnea	☐ Anemia
☐ Kidney disease	☐ Chest Pain	☐ HIV	☐ Thyroid	☐ Lupus
☐ High Blood Pressure	☐ Diabetes	☐ Seizures	☐ Hyperlipidemia (high concentration of fats or lipids in the blood)	