

PLEASE LIST ALL ALLERGIES TO MEDICINES: _____

CIRCLE MEDICATION YOU ARE TAKING OR OCCASIONALLY TAKE: (PLEASE CIRCLE ALL THAT APPLY)

ANTIBIOTICS ASPIRIN STOMACH MEDICINE VITAMINS IRON BIRTH CONTROL PILL

LAXATIVES BLOOD THINNERS HEART MEDICINE TRANQUILIZERS BLOOD PRESSURE MEDICINE

SLEEPING PILLS

OTHERS: _____

HAVE YOU HAD ANY OF THE FOLLOWING: (PLEASE CIRCLE ALL THAT APPLY)

X-RAY TREATMENTS TB CANCER BAD SCARS CHICKEN POX ULCERS OR INTESTINAL DISEASES

HIGH BLOOD PRESSURE BLEEDING TENDENCY DIABETES ANEMIA SEIZURES HEART DISEASE

LIVER DISEASE KIDNEY DISEASE

HABITS:

DO YOU USE TOBACCO NOW? _____ HOW OFTEN? _____

DO YOU USE ALCOHOL NOW? _____ HOW OFTEN? _____

DO YOU USE RECREATIONAL DRUGS? _____

DO YOU EXERCISE REGULARLY? _____ PLEASE DESCRIBE _____

DO YOU FOLLOW ANY SPECIAL DIET? (low cholesterol) _____

WOMEN ONLY:

ARE YOU OR COULD YOU BE PREGNANT AT THIS TIME? _____

DO YOU PLAN ON BECOMING PREGNANT IN THE NEAR FUTURE? _____

AUTHORIZATION TO RELEASE PATIENT INFORMATION

I authorize Michael P. Golden, M.D., P.A., and/or its member physicians, Michael P. Golden, to release and furnish on a confidential and a strict need to know basis all medical and financial data related to my care that may be necessary now or in the future to facilitate payment by third parties for services rendered by Physician, or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's and PPO's managed care organizations, IPA's, Medicare/Medicaid or other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions. I also give my authorization to have a copy of my medical records delivered to a primary physician or any other physician that is directly or indirectly responsible for my medical care or the payment thereof.

Date: _____

Patient Name: _____

Patient or Legal Guardian Signature: _____