Submit by Email Print Form

Premier Family Medical, PC TIN 200364833 *73 Bloomfield Avenue, Caldwell, NJ 07006* *973-403-3200*

PATIENT INFORMATION

Date:____/____/____ Patient's Name: _____ Age:_____ ☐ M ☐ F

PLEASE PRINT

1. List any history of medical problems we should be aware of such as diabetes, high blood pressure, ect.

2. List all hospitalizations and surgeries including the reasons why.

3. List all medications and/or over-the-counter products that you are currently using.

4. How many cigarettes/pipes/cigars you smoke each day? Please include any smoking history.

5. How much liquor/beer/wine you drink on average on a daily basis or socially?

6. Please list any allergies or reactions to food or medication.

7. Please list your occupation.