

PrimaryCarePlus+
New Patient Questionnaire

Name _____ Date of Birth _____ Date _____ Age _____

Who can we thank for referring you to us? _____

Sex: M F Marital status _____ Name of spouse/partner _____

Race and/or ethnicity _____ Religion _____

Tell us the reason for your visit today: _____

List all of your known medical conditions: _____

List all of the major surgeries you have had: _____

List any hospitalizations within the last 2 years (specific dates not needed): _____

List any serious injuries/fractures in your lifetime: _____

List any **allergies**/adverse reactions (specify reaction) to medications you have had: _____

List all other physicians you see (specify reason): _____

