Tatyana Sarkisova MD
Adult & Family Medicine

Pre-Registration Checklist

.

Personal information			
First name	Middle name	Last name	DOB
Sex	SSN	Marital status	Preferred language
Address	City	State	ZIP
Home phone #	Mobile phone #	Email address	Best contact mode/time
Referring physician	Referring phone #	PCP	PCP phone #
Preferred pharmacy	Pharmacy address	Pharmacy phone #	
Emergency contact	Relationship	Phone # / Email address	Best contact mode / time
Work information			
Employer	Work phone #	Address	City/State/ZIP
Insurance information			
Guarantor	Address	City	State/ZIP
Insurance company Phone #	Plan type	ID number	Group number

Immunization record	Vaccine	Date of administration	

Medications			
Medication allergies	Current medications	Doses	Refills needed
Past Medical History			
Chronic Conditions (circle any that apply)			
Hypertension	ADHD	GERD, gastritis	STI
Type 2 Diabetes mellitus	Depression, Anxiety	Migraine	Blood clots
Type 1 Diabetes mellitus	Asnthma , COPD	Breast disease	Abnormal mammogram, Core biopsy
Hyperlipidemia	Chronic kidney disease	Cancer	Abnormal PAP, HPV
Heart ds	Hepatitis	Osteoporosis	Hives, Eczema
Stroke	Autoimmune disorder	Thyroid disorder	Other illnesses,
Seizure disorder	Arthritis	Anemia	
Previous Surgery (ies)			
Date (s)			

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Family History				
Relative				
Social history	Tobacco use	Alcohol use	Exercise	Caffeine use

Upcoming visit			
Visit purpose / goals			
Recent laboratory testing			
Recent Imaging			
Last screening mammogram		*Abnormall mammogram Core biopsy (if apply)*	
CRC screening Last colonoscopy		*Abnormal colonoscopy (if apply)*	
Last Pelvic exam / PAP		*Abnormal PAP / HPV Colposcopy (if apply)*	

Print Patient Name ______________________________

Signature ________________________

Date ____ ____ ______

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