CHART NUMBER: _____ Date: _____

MedFast Urgent & Primary Care
Medical History Form

NAME: _____ Date of Birth: _____

SSN: _____ - _____ - _____ Sex (M/F): _____ Marital Status: ○ Married ○ Single ○ Separated ○ Divorced ○ Widowed

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

EMERGENCY CONTACT: (name) _____ (phone #) _____ (relation) _____

Preferred Language: ○ English ○ Spanish ○ Other _____ Race: _____ Ethnicity: ○ Non-Hispanic ○ Hispanic

Primary Insurance: _____ Secondary Insurance: _____

Card Holder Name: _____ DOB: _____ SSN: _____ - _____ - _____

PLEASE LIST YOUR IMMEDIATE COMPLAINTS (WHY YOU NEED TO BE SEEN TODAY):

1 -
2 -

MEDICATION ALLERGIES: ○ NONE ○ YES, PLEASE LIST BELOW

MEDICATION NAME	REACTION	MEDICATION NAME	REACTION
1 -		3 -	
2 -		4 -	

CURRENT MEDICATIONS	DOSE AND FREQUENCY
1 -	
2 -	
3 -	
4 -	
5 -	
6 -	

○ NO CURRENT MEDICATIONS TAKEN ○ SEE ATTACHED MED LIST ○ NO CHANGES

ROUTINE SCREENING EXAMS:

Complete Physical Exam	Last Exam Date:	○ No Recent Exam	○ Never	○ Unknown
Pap Smear (females)	Last Exam Date:	○ No Recent Exam	○ Never	○ Unknown
Mammogram (females)	Last Exam Date:	○ No Recent Exam	○ Never	○ Unknown
Colonoscopy	Last Exam Date:	○ No Recent Exam	○ Never	○ Unknown
Prostate Exam (males)	Last Exam Date:	○ No Recent Exam	○ Never	○ Unknown
Routine Screening Labs	Last Exam Date:	○ No Recent Exam	○ Never	○ Unknown

IMMUNIZATIONS (DATE LAST RECEIVED): ○ ALL IMMUNIZATIONS ARE UP TO DATE ○ NO CHANGES

Tetanus		○ Not Up to Date	○ Unknown
Tuberculosis (PPD)		○ Not Up to Date	○ Unknown
Influenza (Flu Shot)		○ Not Up to Date	○ Unknown
Pneumonia		○ Not Up to Date	○ Unknown
Other(s)		○ Not Up to Date	○ Unknown

MEDICAL HISTORY: (PLEASE MARK ANY CURRENT OR PAST MEDICAL CONDITIONS FOR WHICH YOU HAVE BEEN TREATED)

○ High Blood Pressure	○ Thyroid Disease	○ Heart Disease	○ Cancer	○ COPD / Asthma
○ Diabetes	○ Kidney Disease	○ Arthritis	○ Anxiety	○ Other:
○ High Cholesterol	○ Liver Disease	○ Back Pain	○ Depression	○ Other:

(CONTNUE ON BACK)

PRIMARY CARE PHYSICIAN: _____ PREFERRED PHARMACY: _____

SOCIAL HISTORY: ○ NO CHANGES

CURRENT OCCUPATION: ○ Unemployed ○ Retired ○ Disabled
MARITAL STATUS: ○ Married ○ Single ○ Separated ○ Divorced ○ Widowed ○ Minor
CHILDREN: Number of Pregnancies: Number of Live Births:
ALCOHOL USE: Do you drink alcohol? ○ YES ○ NO
How often do you consume alcohol? ○ Occasionally ○ Frequently ○ Regularly ○ Daily ○ Former Daily ○ Former Regularly
TOBACCO USE: ○ Cigarettes ○ Cigars ○ Tobacco (Dip)
Former Smoker? ○ YES ○ NO How many years did you smoke? _____ Years quit? _____
DRUG USE: Do you use recreational drugs? ○ YES ○ NO What do you use? How often?
EXERCISE: Do you exercise? ○ YES ○ NO
How often do you exercise? ○ Regularly ○ Irregularly ○ Daily ○ Weekly – how many times per week?

PAST SURGERIES: ○ NONE ○ NO CHANGES

TYPE OF PROCEDURE	WHEN IT WAS PERFORMED	WHERE IT WAS PERFORMED

FAMILY HISTORY::	MEDICAL CONDITIONS:
Mother: ○ Living ○ Deceased	
Father: ○ Living ○ Deceased	
Siblings: # Brothers - # Sisters –	
Grandparents: ○ Living ○ Deceased	

_____(initial) ASSIGNMENT OF BENEFITS: I hereby authorize the release of medical information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further authorize payment for all billed services to be made directly to MedFast PC. I understand and agree to be financially responsible for any balance not covered by my insurance plan. I understand that self-paying patients are responsible for payment in full on the day services are rendered.

_____(initial) HIPAA NOTICE OF PRIVACY PRACTICES: I acknowledge that I received and reviewed a copy of MedFast Urgent & Primary Care's Notice of Privacy Practices. This Notice, among other points, explains how MedFast PC may use and disclose my protected health information for the purposes of treatment, payment and health care operations. This applies to the privacy practices of MedFast PC and all affiliated covered entities of MedFast PC. I understand a copy of the Notice of Privacy Practices will be provided to me upon my request.

_____(initial) AUTHORIZATION TO RELEASE PHI TO FAMILY, GUARDIAN AND/OR OTHERS: I hereby authorize the medical providers and personnel of MedFast PC to discuss and/or release my protected health information to the following individuals:

NAME:	RELATIONSHIP:	PHONE:

I understand that I have the right to revoke this authorization in writing, at any time. I understand that such revocation is not effective to the extent that MedFast PC has already made disclosures the protected health information in reliance on your prior consent. I understand this authorization will remain in effect as long as I am a patient of MedFast PC or until I notify MedFast PC in writing of any changes.

_____(initial) CONTROLLED MEDICATION POLICY: You may be prescribed a controlled medication which could have addictive properties. Take all medication as directed, keep out of reach of children and do not share your medication. MedFast PC does not treat medical conditions that require monthly prescriptions for controlled medications. Patients will be referred for further evaluation and treatment of all chronic conditions involving treatment with controlled substances and MedFast PC will not be responsible for continuing controlled medications while the referral is pending.

_____(initial) REFERRAL POLICY: Referral appointments are not guaranteed and no more than two attempts will be made to refer patients if a referral is either denied or you miss the scheduled appointment. Once an appointment has been made for you by a MedFast staff member you are responsible for changing or rescheduling if this appointment time does not work for you.

_____(initial) MEDICATION REFILL POLICY: All medication refills require a 48-72 hour response time for the request to be reviewed and addressed by the provider. Please consider this and make your medication refill request before you run out of medications. Please call your pharmacy first to request a medication refill and they will fax us your request.

_____ _____

Signature of Patient or Legal Guardian Date