

US MEDICAL PLAZA
 232 MERRICK RD, LYNBROOK NY 11563
 (516) 594-5961
 (516) 256-5556-FAX

EXPRESS MEDICAL CARE
 357 BROADWAY, AMITYVILLE NY 11701
 (631) 789-7900
 (631) 608-8492-FAX

Patient Registration

Date _____

Marital Status (circle one)

[S] [M] [W] [D] [SEP]

Name	Date of Birth
Address	City, State, Zip
Phone (Home)	Phone (Cell)
Social Security Number	Driver's License Number
If under 18, Parent/Guardian's Name	
<i>Emergency Contact Name (Other than Spouse)</i>	<i>Phone Number</i>
<i>Relationship to Patient</i>	<i>Address</i>
Patient Referred by	Patient E-mail Address

Insurance and Billing Information

Insurance Company	Member ID
Name of Insured	Relationship to Patient
Billing Address	
Medicare ID	Medicaid ID

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Health Questionnaire

Reason For Today's Visit			
Family History:			
If any blood relative has suffered any of the following, please circle and indicate relative.			
1.Epilepsy	6.Thyroid	11.Osteoporosis	16.High Cholesterol
2.Migraine	7.Hayfever	12.Arthritis	17.Alcoholism
3.Mental Illness	8.Asthma	13.Heart Disease	18.Hepatitis
4.Glaucoma	9.Anemia	14.Stroke	19.Cancer
5.Diabetes	10.Bleeds Easily	15.Hypertension	20. Hypotension
Indicate Relative Below			
Hospital Admissions (within the last 5 year): Not including pregnancies			
Year	Illness	Operation	
List ALL medications you are currently taking – including those bought WITHOUT a prescription			
Allergies		Supplements	
Food:			
Medication:			
Other:			
Vaccine & Year of Last			
Tetanus	Influenza	Pneumonia	Shingles
Whooping C	Meningitis	Chicken Pox	HPV
MMR (Measles, Mumps, Rubella)		Hepatitis A	Hepatitis B