

New Physician Worksheet

Name: _____ Birth Date: _____

Diagnosis:

Prescription Medication/ Daily Supplements (Vitamins):

Allergies:

Best way to communicate with me:

Sensitivities:

Things I do: (Interests, Jobs, School, Chores)

Social Skills: (Clubs I'm a part of, Best Friend)

Daily Routine: (What I eat most, How often do I exercise, How much sleep I get)

****If you have trouble with filling out this form, ask a parent or guardian for help.**

Parent/ Legal Guardian

Name: _____ **Relation:** _____

Phone Number: _____ **Email:** _____

Address: _____

State: _____ **Zip Code:** _____

Typical Behavior of the Patient:

Best way to Communicate with the Patient:

Past Health Concerns:

Family History:

Previous Physician

Dr. _____

Office Phone Number: _____

Office Address: _____

State: _____ **Zip Code:** _____

Date of Last visit: _____ **Cared for the patient for (time):** _____

Past Health Concerns:

Future Health Concerns:

Notes: