Happy Doc Family Medicine

Lara Knudsen, MD MPH

Patient Information

Patient Name: ____

Date of birth: __________ Gender: _________

Home address: _________________________ City _____________ Zip__________

1st preferred phone #: ________________________ cell/home/work (circle one)

2nd preferred phone #: ________________________ cell/home/work (circle one)

Email address: _______________________________________

Spouse/significant other's name: ____

Children's names: ____

Employer: ________________________________ Position: ___________________

How did you hear of Happy Doc Family Medicine? ____________________________

Responsible Party (please fill out only if your insurance is through someone else)

Name of primary insured: ____

Date of birth of primary insured: __________

Relationship to patient: ____________________ Employer: ___________________

Home address: ____

Home phone #: ____________________ Work phone #: _____________________

Insurance Information

(Please only list your primary insurance. Billing secondary insurance is your responsibility.)

Insurance company: _______________________________ Phone #: _____________

Member ID#: ____________________________ Group ID#: ___________________

Emergency Contacts

1. Name: ______________________________________ Relationship: _____________

Phone numbers: ____

2. Name: ______________________________________ Relationship: _____________

Phone numbers: ____

I authorize Dr. Knudsen to medically and/or surgically manage the treatment of the above named patient and provide treatment deemed necessary for the benefit of the patient. I agree to be responsible for any charges for services and materials supplied by Happy Doc Family Medicine for the above patient. I authorize Happy Doc Family Medicine to bill the insurance listed on my behalf.

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Signature of patient or responsible party   Date

Happy Doc Family Medicine

Lara Knudsen, MD MPH

Health Information

Name: ________________________________

Past Medical History

Please list any chronic health conditions you have, or major illnesses, accidents, or hospitalizations in the past (other than for surgery):

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Past Surgical History

Please list any surgeries you have had, including the year and location:

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OB/GYN History (women only)

Age when you had your first period? __________ Date of last period? ___________

Have you been pregnant before? Y / N

Number of deliveries: _____

Number of abortions: _____

Number of miscarriages: _____

Current Medications, Supplements (please include name, dose, frequency)

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____

Drug Allergies (please list the name of the drug and the reaction you had)

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Family History

Have any of your family members had the following conditions? If yes, please list who.

Diabetes: No/Yes_______________ High blood pressure: No/Yes______________
High cholesterol: No/Yes_______________ Heart problems: No/Yes______________
Stroke: No/Yes_______________ Thyroid problems: No/Yes______________
Cancer: No/Yes_______________ Seizures: No/Yes______________
Depression/anxiety: No/Yes_______________ Alcohol/drugs: No/Yes_____________
Other illness: No/Yes____

Social History

Who do you live with? ____
Are you sexually active? Y / N
Are your sexual partner(s) men, women, or both? (circle one)
Are you using any contraception? Y / N If so, what kind? ______________________
Do you currently work outside the home? Y / N If so, doing what? _______________
What are your hobbies? ____
Any religious/spiritual affiliation? ____
How much alcohol do you drink? (# of drinks per week) __________________________
Have you ever smoked cigarettes regularly or used any nicotine products? Y / N
How much per day? _____ When did you start? ________ Current smoker? Y / N
Do you use any drugs other than those prescribed to you? Y / N
If so, which ones and how often? ______________________________________
Have you used drugs in the past? Y / N
If so, when and what did you use? _____________________________________
Do you have firearms in your house? Y / N

What are your health goals?

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What is your life purpose?

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Is there anything else you'd like to share now?

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