

# Patient Information Form

Form ID: PIF-2024-0847

## Section 1: Personal Information

First Name: John

Last Name: Morrison

Date of Birth: 03/15/1985

SSN: \*\*\*-\*\*-4589

## Section 2: Contact Information

Address: 1247 Oak Valley Drive

City: Portland State: OR Zip: 97205

Phone: (503) 555-0142

Email: john.morrison@email.com

## Section 3: Insurance

Provider: Blue Cross Blue Shield

Policy Number: BCBS-2024-77841

Group Number: GRP-5520

# Medical History

## Primary Care Physician

Physician Name: Dr. Sarah Chen

Practice: Northwest Medical Group

Phone: (503) 555-0198

## Current Medications

1. Lisinopril 10mg - daily
2. Metformin 500mg - twice daily
3. Atorvastatin 20mg - daily

## Allergies

Penicillin - Severe (anaphylaxis)

Sulfa drugs - Moderate (rash)

## Diagnosis

Primary: Type 2 Diabetes Mellitus (E11.9)

Secondary: Essential Hypertension (I10)