Patient Information			
Name: John Michael Smith			DOB *(MM/DD/YYYY)*: 05151985
Gender: □ Male □ Female □ Other: Male		Preferred Pronouns: □ He/Him □ She/Her □ They/Them □ Other: _____	
Address: 456 Oak Avenue Apartment 12B			City: Boston
State: MA	Zip: 02115	Email: 617-555-0142	
Phone: john.smith@email.com		Preferred Contact Method: □ Phone □ Email □ Text: Email	
Emergency Contact Name: Sarah Michelle Smith			Phone: 617-555-0143
Relationship to Patient: Spouse			
Insurance Information *(if applicable)*			
Provider: Blue Cross Blue Shield		Policy number: BCB123456789	
Group Number: GRP789456		Policyholder Name: John Michael Smith	
Relationship to Patient: □ Self □ Spouse □ Parent □ Other: _____			
Reason for Visit			
Primary Reason for Visit: Annual physical examination and blood pressure check			
How long have you had this issue? 2 weeks		Have you been treated for this before? □ Yes □ No	
Medical History Summary			
Do you have any of the following conditions? (Check all that apply) □ Diabetes □ Hypertension □ Heart Disease □ Asthma □ Cancer □ Stroke □ Other: Migraine headaches			
Are you currently taking any medications? □ Yes □ No		If yes, list medications: Lisinopril 10mg daily, Metformin 500mg twice daily	
Do you have any allergies? □ Yes □ No		If yes, list allergies: Penicillin, Sulfonamides	
Have you had any surgeries or hospitalizations? □ Yes □ No		If yes, list procedures and dates: Appendectomy - 2010, Knee arthroscopy - 2018	
Lifestyle & Social History			
Do you smoke or use tobacco products? □ Yes □ No □ Former Smoker			
Do you consume alcohol? □ Yes □ No □ Occasionally			
Do you use recreational drugs? □ Yes □ No			
Occupation: Software Engineer			
Do you have any concerns about access to healthcare, transportation, or financial barriers? □ Yes □ No			
If yes, please describe: _____			
Pharmacy Information			
Preferred Pharmacy Name:		Phone Number: 617-555-0142	
Address: 456 Oak Avenue Apartment 12B, Boston, MA 02115			
Consent & Signature			
I confirm that the information provided is accurate to the best of my knowledge. Yes			
Signature:			Date: 12042025