

## BASIC INFORMATION

Name **mfTesting206616326 TestPatient01206616326**

Date Of Birth **March 12, 1988**

Email Address **medfusionNewTesting+992006439@gmail.com**

Address **261 SxdugTeeAp OSLKs  
iZJp iRxFHUvH, CA 53810**

Phone Number **(919)555-2509 - MOBILE**

What sex were you assigned at birth on your original birth certificate? **Male**

What is your sexual orientation?

What is your current gender identity?

Race(s) **Unknown**

## EMERGENCY CONTACT INFORMATION

Name **John Smith**

Relation To You **Husband**

Primary Phone Number **(985)632-5645 - MOBILE**

## HEALTH INSURANCE INFORMATION

## PRIMARY INSURANCE

## INSURANCE COMPANY

Insurance Company Name: **Blue Cross Blue Shield**

Phone:

## CLAIMS CONTACT INFORMATION

Street:

## POLICY HOLDER INFORMATION

First name: **mfTesting206616326**

#### GUARANTOR INFORMATION

First name:  
Last name:  
Phone:  
ZIP code:

#### HEALTH INSURANCE INFORMATION

#### SECONDARY INSURANCE

#### INSURANCE COMPANY

Insurance Company Name: **Aetna**  
Phone:

#### POLICY HOLDER INFORMATION

First name: **mfTesting206616326**  
Phone:

#### OTHER PROVIDERS

#### REFERRING PHYSICIAN

Phone:

#### PHARMACY

Phone:

#### OTHER PROVIDERS

- **Dr. Smith, Orthopedics**

#### CURRENT SYMPTOMS

#### GENERAL HEALTH

☒ **Chills**

☒ **Insomnia**

#### BLOOD

☒ **Easy bruising**

#### EARS, NOSE & THROAT

☒ **Ear Ache**

#### MEDICATIONS

- **Crestor 20 mg Tab [ 2 / Day ]**

## ALLERGIES

### DRUG

☒ **General Anesthetic**

### FOOD

☒ **Peanuts**

## VACCINES & IMMUNIZATIONS

### VACCINATIONS

Tetanus

☒ **Within the last 10 years**  
☐ **More than 10 years ago**  
☐ **Never or can't remember**

Human papillomavirus (HPV)

☒ **Within the last 2 years**  
☐ **2-5 years ago**  
☐ **5-10 years ago**  
☐ **More than 10 years ago**  
☐ **Never or can't remember**

Influenza (Flu Shot)

☒ **Within the last 6 months**  
☐ **6-12 months ago**  
☐ **12-24 months ago**  
☐ **More than 2 years ago**  
☐ **Never or can't remember**

Pneumonia

☒ **Within the last 2 years**  
☐ **2-5 years ago**  
☐ **5-10 years ago**  
☐ **More than 10 years ago**  
☐ **Never or can't remember**

## SURGERIES AND HOSPITALIZATIONS

### SURGERIES

- **Caesarean hysterectomy [ 0-12 months ago ]**

### HOSPITALIZATIONS

- **Pneumococcal arthritis [ 0-12 months ago ]**

## PROCEDURES

### OTHER EXAMS & TESTS

- **Ace bandage [ 0-12 months ago ]**

## PAST MEDICAL HISTORY

### OTHER

☒ **Mononucleosis**

## FAMILY HISTORY

### OTHER FAMILY MEDICAL CONDITIONS

- Psoriasis of fingers and toes [ Brother ]

## SOCIAL HISTORY

### HEALTH HABITS

How often do you exercise?

**20 minutes per day**