

General Customer Information

Patient Id: 1614048

BIO Data	
First Name	Adela
Middle Name	
Last Name	Hoke
Birth Date	03/14/2015
Weight (lbs)	24
Sex	F
Address	
Address	6471 Bartlett Rd.
City	Rome
State	NY
Zip Code	13440
Contact Information (to confirm your appointment)	
Email	email@adamhoke.com
Cell Phone	475-204-1910
Home Phone	
Work Phone	
Emergency Contact Information	
Emergency Contact	Adam Hoke
Relationship	Father
Phone	4752041910
Work Status	
Currently employed	No
Been Here Before	
Have you been to a Passport Health clinic before?	No

Medical History

PCP/RX Info	
Would you like your vaccine record sent to your doctor?	Yes

Primary care provider	Lawrence Glantz
Pharmacy Name	Walgreens
Pharmacy Address or Cross Streets	
Pharmacy City	Rome
Pharmacy State	NY
Pharmacy Postal Code	
Pharmacy Phone	
Past Medical History	
Cancer	No
Atherosclerosis	No
HIV/AIDS	No
Psychiatric Conditions	No
Thymus Removal	No
Thyroid Disease	No
Acid Reflux	No
Anxiety/Depression	No
Asthma	No
Arthritis	No
Diabetes	No
Epilepsy	No
Gastrointestinal disease	No
Heart disease	No
Hepatitis	No
High blood pressure	No
Kidney disease	No
Liver disease	No
Migraines/headaches	No
Neurological	No
Rheumatoid arthritis	No
Tuberculosis	No
Eczema, psoriasis, or other chronic dermatitis	No
Do you have any history of Guillain-Barre syndrome or paralysis?	No
Other	No
Other Medical Concerns	
Are you receiving steroid medications such as cortisone or prednisone?	No

Do you have a previous history of tendonitis/tendon rupture?	No
Are you receiving radiation or other treatments?	No
Do you have a history of fainting with shots?	No
Do you have any history of motion sickness?	No
Are you caring for anyone who is immunocompromised?	No
Do you have heart problems or cardiac arrhythmia or irregularity?	No
Do you have bleeding problems, take anticoagulants, aspirin or aspirin therapy?	No
Are you currently experiencing any respiratory infections, or other acute illness or infection?	No
Do you experience nightmares or insomnia?	No
Do you have stomach/bowel conditions such as frequent diarrhea or constipation?	No
Have you been diagnosed with sleep apnea?	No
Have you ever had a positive TB skin test?	No
Allergies	
Do you have any known drug allergies?	No
Have you ever had a reaction to an immunization in the past?	No
Eggs	No
Feathers	No
Formaldehyde	No
Gelatin	No
Insect/Bee stings	No
Latex	No
Mercury	No
Quinine	No
Thimerosal	No
Yeast	No
Other	Yes
What occurred?	Peanut
Malaria	
Have you ever taken malaria pills?	No
Vaccine History	
Which Vaccines have you received in the past?	Varicella (Chickenpox) 04/04/2016 Rotavirus 10/02/2015 Rotavirus 07/15/2015 Rotavirus 05/27/2015 Influenza 10/12/2016 Diphtheria/Tetanus/Pertussis 05/27/2015 Hib (Haemophilus influenzae type B) 05/27/2015 Hepatitis B 01/04/2016 Hepatitis B 04/27/2015

	Hepatitis B 03/16/2015 Hepatitis A 07/06/2016 Diphtheria/Tetanus/Pertussis 07/15/2015 Polio 07/15/2015 Polio 04/27/2015 Diphtheria/Tetanus/Pertussis 07/06/2016 Diphtheria/Tetanus/Pertussis 10/02/2015 Measles Mumps and Rubella 04/04/2016 Hib (Haemophilus influenzae type B) 07/15/2015 Influenza 01/04/2016 Influenza 10/02/2015 Pneumococcal - 13 (Prevna 13) 04/04/2016 Pneumococcal - 13 (Prevna 13) 10/02/2015 Pneumococcal - 13 (Prevna 13) 07/15/2015 Pneumococcal - 13 (Prevna 13) 05/27/2015
During the past 3 months, have you received a blood or plasma transfusion, been given a shot called Immune Globulin, or received Flumist, MMR, Oral Typhoid, Yellow Fever, Varivax (chickenpox), and/or Zostavax (shingles)?	No
Have you ever had chickenpox?	No
Current Medications	
Do you take medications (prescription and non-prescription)?	Yes
	Multivitamin 1ML Daily
Women's Health	
Are you, or is there any chance you may be, currently pregnant?	No
Are you currently breastfeeding?	No
Client Acknowledgement	
<p>The above information is accurate to my best recollection. I understand that insurance may not cover travel immunization services and I am responsible for all applicable office visit, immunization, laboratory, physical, and diagnostic fees associated with this visit. Passport Health is not a Medicare provider. Payment is due at the time of service by check, cash or credit card. I have consented to all vaccines received. I will receive record of all vaccines administered, and I am responsible for the maintenance of my vaccine record. Passport Health keeps active records on file. Inactive records are kept on file in accordance with state law. Appointment cancellation notice: There is no fee to cancel your appointment if you cancel up to 24 hours before the scheduled time and date. All cancellations made in less than 24 hours prior to the appointment will incur a late cancellation fee of \$50 for travel or \$25 for immunization booster visits.</p> <p>Note: Please bring your vaccine record with you to your appointment for a travel specialist to review.</p> <p>Click here to read the HIPAA Policy and Consent Form I have read the HIPAA Policy and Consent Form</p>	
By checking this box, I acknowledge and agree to the foregoing	True
Signature	Adam Hoke
You Previously AGREED on Apr 6 2017 8:01PM	
Client did not complete online intake; RN provided copy of HIPAA and	False

Current Travel Info

Trip Purpose	Other	
Leaving Country	Yes	
Date Leaving	04/10/2016	
Date Returning	06/02/2017	
Which countries are you visiting?(please list countries in the order of your visit)		
Country	City	Length of Stay (days)
Thailand		53
Would you like for a passport and visa expert to call you directly to assist with your travel document needs?		No
Tell us more about your travel document needs. Do you need:		
Tourist Visa Service		No
Business Visa Service		No
Student Visa Service		No
New Passport Service		No
Renewed Passport Service		No
Expedited Passport Service		No
Other Service		No
Will you be doing any of the following during your trip?		
SCUBA Dive		No
Mountain Climbing		No
Camping		No
Working with Animals		No
Medical Work		No
Staying in Rural Areas		Yes