

PATIENT REGISTRATION FORM

Riverside Medical Associates

Internal Medicine & Pulmonology

PATIENT INFORMATION

Last Name: Rodriguez

First Name: Maria

Middle Initial: C

Date of Birth: 03/15/1978

Age: 47

Sex: Female

Marital Status: Married

Address: 1425 Oak Street, Apartment 2B

City: Cary

State: NC

ZIP Code: 27519

Phone (Home): (919) 555-0147

Phone (Cell): (919) 555-0298

Email: maria.rodriguez@email.com

Emergency Contact: Carlos Rodriguez (Spouse)

Emergency Phone: (919) 555-0299

Relationship: Husband

INSURANCE INFORMATION

Primary Insurance: Blue Cross Blue Shield of North Carolina

Policy Number: BCN789456123

Group Number: 4587-GRP

Subscriber Name: Maria C. Rodriguez

Subscriber DOB: 03/15/1978

Relationship to Patient: Self

Secondary Insurance: None

Employer: Wake County Public Schools
Occupation: Elementary School Teacher

CHIEF COMPLAINT & CURRENT SYMPTOMS

Primary Reason for Visit: Persistent shortness of breath and chest tightness for past 3 weeks

Current Symptoms: (Check all that apply)

- ☒ Shortness of breath
- ☒ Chest tightness
- ☒ Wheezing
- ☒ Cough (dry)
- ☐ Cough (productive)
- ☒ Fatigue
- ☐ Chest pain
- ☒ Difficulty breathing during physical activity
- ☒ Waking up at night due to breathing problems

Symptom Duration: 3 weeks

Symptom Severity: Moderate to severe

Triggers: Physical exertion, exposure to dust/chalk at work

MEDICAL HISTORY

Current Medications:

- Lisinopril 10mg daily (blood pressure)
- Multivitamin daily
- Albuterol inhaler (as needed) - prescribed by urgent care 1 week ago

Allergies:

- Penicillin (causes rash)
- Seasonal allergies (pollen)

Previous Medical Conditions:

- Hypertension (diagnosed 2019)

- Seasonal allergic rhinitis
- No previous lung problems

Previous Surgeries:

- Appendectomy (2005)
- C-section delivery (2010)

Family Medical History:

- Mother: Asthma, diabetes
 - Father: Heart disease, deceased
 - Siblings: Brother with allergies
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SOCIAL HISTORY**Tobacco Use:**

- ☐ Current smoker
- ☒ Former smoker (Quit 5 years ago, smoked 1/2 pack daily for 10 years)
- ☐ Never smoked

Alcohol Use: Occasional social drinking (1-2 drinks per week)

Drug Use: None

Exercise: Light walking, limited due to current breathing problems

REVIEW OF SYSTEMS

Constitutional: Fatigue, no fever or weight loss

Respiratory: Shortness of breath, wheezing, dry cough

Cardiovascular: No chest pain, palpitations, or leg swelling

Gastrointestinal: No nausea, vomiting, or appetite changes

Other: Mild anxiety related to breathing difficulties

ADDITIONAL INFORMATION

Recent Changes in Environment/Work: New classroom with older ventilation system

Previous Healthcare Visits for This Issue:

- Urgent Care visit 1 week ago - prescribed albuterol inhaler

- Symptoms not fully resolved with treatment

Questions/Concerns: "I'm worried this might be asthma since my mother has it. The breathing problems are affecting my ability to teach and I'm concerned about being around my students if I keep coughing."

CONSENT & SIGNATURES

Date of Form Completion: 06/03/2025

Patient Signature: Maria C. Rodriguez

Date: 06/03/2025

For Office Use Only:

- Chart Number: _____
- Appointment Date: _____
- Provider: _____
- Insurance Verified: ☐ Yes ☐ No