St. Anthony's Physician Organization

Patient Name:_____ **Date of Birth:** _____ **Date of Visit:** _____

Medications List

Medication Name (Include over the counter medication)	Strength / Dose (mg)	Number of pills per dose	Number of times Per day
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Past Medical History

Diabetes	____ Yes	___ No		Emphysema / COPD	____ Yes	___ No
High Blood Pressure	____ Yes	___ No		Pneumonia	____ Yes	___ No
Stroke	____ Yes	___ No		Depression / Bipolar	____ Yes	___ No
Heart Disease / Heart Attack	____ Yes	___ No		Mental Illness	____ Yes	___ No
Kidney Stones	____ Yes	___ No		Dementia (Alzheimer's etc.)	____ Yes	___ No
Thyroid Disease	____ Yes	___ No		Ulcers	____ Yes	___ No
Seizures	____ Yes	___ No		Liver Disease	____ Yes	___ No
Bleeding Disorder	____ Yes	___ No		High Cholesterol	____ Yes	___ No
Sexually Transmitted Disease	____ Yes	___ No		Irritable Bowel Syndrome	____ Yes	___ No
Tuberculosis	____ Yes	___ No		Glaucoma	____ Yes	___ No
Rheumatic Fever	____ Yes	___ No		Osteoporosis	____ Yes	___ No
Asthma	____ Yes	___ No		Cancer	____ Yes	___ No
Anxiety	____ Yes	___ No		▪ Cancer Type		
				_____		

******Medication Allergies******

_____

Surgical History/Hospitalizations

Previous Hospitalizations, Surgeries, and / or Serious Injuries	Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family History

	Living	Age	Deceased	Age at Death	Significant Illnesses
Father	☐	_____	☐	_____	_____
Mother	☐	_____	☐	_____	_____
Siblings	☐	_____	☐	_____	_____
_____	☐	_____	☐	_____	_____

Patient Social History

Use of Alcohol: ____ Never ____ Rarely ____ Moderate ____ Daily

Use of Drugs: ____ Never ____ Yes, type/frequency _____

Use of Tobacco: ____ Never ____ Previously, but quit ____ Current packs/day

Occupation: _____

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

Immunizations – Have you had?			Date
Pneumonia	____ Yes	___ No	_____
Tetanus	____ Yes	___ No	_____
Shingles	____ Yes	___ No	_____
Hepatitis B	____ Yes	___ No	_____
Flu	____ Yes	___ No	_____
_____	____ Yes	___ No	_____

*** ***If patient is a child, please have immunization record available for review.***

Preventative Care	Year	Location / Hospital
Colonoscopy	_____	_____
Mammogram	_____	_____
Bone Density	_____	_____

Have You Seen Any Of The Following Providers Previously?

Arnold Family Health Care			**Primary Care Consultants**	
Patrick Daniels DO	☐		Christopher Bowe MD	☐
Catherine Hohn MD	☐		Bryan Burns MD	☐
Sheryl Ream MD	☐		Kristin Hall NP	☐
Alan Sandidge MD	☐		Catherine Lowder MD	☐
Katherine Siebert NP	☐		Christopher McCarthy MD	☐
			Janice Meyer NP	☐
Butler Hill Family Medicine			Erin Minkin PA	☐
Heather Morgan MD	☐		Carmen O'Connor NP	☐
Victoria Jansen MD	☐		Joann Uding NP	☐
Dorrie Tredway MD	☐		Theresa Utz NP	☐
			Michele Yu NP	☐
Kairuz & Santos Family Medicine				
Bartolome Kairuz MD	☐		**South County Endocrinology & Diabetes Center**	
Jaime Santos MD	☐		Bharati Raju MD	☐
Kirkwood Family Medicine			**St. Anthony's Family Medicine**	
Julie Busch MD	☐		Melissa Murray MD	☐
David Miller MD	☐		G. Paul Rutledge MD	☐
Kirkwood Internal Medicine			**St. Anthony's Internal Medicine**	
Charles Tadros MD	☐		Matthew Gibfried MD	☐
			Susan Wilson-Yang MD	☐
Edmond Ng MD, FACS				
Edmond Ng MD	☐		**St. Anthony's Medical Group**	
			Robert Curtin MD	☐
Fenton Family Medicine			Eileen Harrahill MD	☐
Damon Broyles MD	☐		Rama Naidu MD	☐
Justin Hugo MD	☐			
Melissa Johnson MD	☐		**Telegraph Road Family Medicine**	
			Aaron Bjorn MD	☐
Lemay Internal Medicine			Andrew Grabowski MD	☐
Emir Keric MD	☐		Stephen Staten MD	☐
Joseph Wood MD	☐			
			Women's Health Partners	
Palliative Medicine Service			Pamela Campbell MD	☐
Edward Burns MD	☐		Cherese Collins MD	☐
			Salina Green MD	☐
Premier Women's Health Care			Kristin Wald NP	☐
Vaishali Bhalani MD	☐		Kristen Zysk NP	☐
Adriana Canas-Polesel MD	☐			
Anita Schnapp MD	☐		**Women's Specialty Centers**	
			Danita Harrison-Akingba MD	☐
			Robin Oliver NP	☐