Urgent Care • Weight Management • DOT Physicals

Patient Information Form

Patient Name ______________________ Today's Date ____________

Age ______ Date of Birth ____________ Sex: M F Patient Height ____________

Cell Number ______________________ 0k to text? Y N Social Security#:____________

Address ____

City ______________________ State ________ Zip:________

Occupation ______________________ Employer ______________________

Employer Phone Number ______________________

Emergency Contact Name: ______________________ Relationship ______________________

Emergency Contact Phone Number ______________________

For Weight Management Patients: By signing this document, I am certifying that I have been unsuccessful at all reasonable attempts to lose weight using diet/exercise for at least 90 days prior to my appointment. I understand the risks/benefits of prescription weight loss medications and agree to discuss any concerns with my provider. I also consent to prescription doses that may be higher than FDA recommended doses for periods longer than FDA recommended as directed by my provider and consent to off-label uses of any medications as directed by my provider.

Patient/Guardian Signature ______________________________

1701 W. 26TH ST., STE. G ■ JOPLIN, MO 64804 ■ 417-952-2369
www.gardnerexpresscare.com

Date ______________

Name ____

Allergies to Drugs/Foods:

____
____
____

Current Medications:

____
____
____

Past Surgical History:

____
____
____
____

Past Medical History:

____
____
____

Family's Medical History (Parents and Siblings only)

____
____
____
____

Smoke? ☐Yes☐No Chew Tobacco? ☐ Yes ☐ No

Drink Alcohol?☐Yes☐No If yes, how much/often? ______________________________

Drug Use?☐Yes☐No If yes, what and how often? ______________________________

Have you ever taken over-the-counter or prescription appetite suppressants before? ☐Yes ☐No

If yes, what?______________________ For how iong? ______________________________

How long since your last dose? ____

How did you hear about us? ☐ Facebook ☐ Joplin News First ☐TV ☐Other

☐Referral: **Who referred you**? ____