inview Imaging
BRAD M. PIATT, MD & ASSOCIATES

PATIENT NAME AND DATE OF BIRTH

Last Name | First Name | Date of Birth

DEMOGRAPHICS Required by the Federal Government

Preferred Language: ☐ English ☐ Chinese ☐ German ☐ Italian ☐ Japanese ☐ Polish ☐ Portuguese ☐ Russian ☐ Spanish ☐ Other

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

PATIENT HISTORY

CURRENT MEDICATIONS Include those you buy without a prescription

☐ No Current Medications

MEDICAL HISTORY

MARK (C) FOR CURRENT PROBLEMS. CHECK (X) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

Anemia		Epilepsy		Hypertension		Polio	
Arthritis/Rheumatism		German Measles		Jaundice/ Hepatitis		Psoriasis	
Bleeds Easily		Glaucoma		Kidney Stones		Rheumatic Fever	
Cancer		Gout		Measles		Stroke	
Chicken Pox		Heart Disease		Migraines		Tuberculosis	
Crohn's / Colitis		Hernia		Mumps		Thyroid Disease	
Diabetes		Herpes		Osteoporosis		Varicose Veins / Phlebitis	
Diverticulosis		High Cholesterol		Peptic Ulcer		Venereal Disease	
Eczema		Hives		Pneumonia / Pleurisy			

SMOKING HISTORY

☐ Current Every Day Smoker
☐ Current Some Day Smoker
☐ Former Smoker
☐ Non Smoker

DRUG ALLERGIES

☐ No Known Drug Allergies ☐ Ace Inhibitors ☐ Aspirin ☐ Codeine ☐ Macrolides
☐ Sulfas ☐ NSAIDS ☐ Penicillins ☐ Tetracyclines

Other:

PATIENT SIGNATURE _____ DATE _____