

Aloha Nui Family Practice

69 Lanihuli Street, Hilo, Hawaii 96720

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Alohanuifamilypractice@gmail.com

www.Alohanuifamilypractice.com

How were you referred to us? (circle one)

family

friend

medical professional

medical organization

medical insurance

coworker

print ad

internet

radio

social media

Client Demographics:

Last Name: _____ First Name: _____ MI: _____

Nickname or name you prefer: _____

DOB: _____ Gender: M/F/ TG Sexuality: HET/LBGT Single/Married/Partner/Divorced/Widow

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Contact phone: _____ (mobile) _____ (Home)

Email: _____ ***will never be used for solicitation**

Emergency contact: _____ Relationship: _____ Phone #: _____

Medical Records:

Who may access your medical records? *remains in effect until changed by client

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Medical History:

Allergies: Penicillin / Sulfa drugs / bee stings / Others: _____

Chronic Medical Conditions *Circle all that apply

Hypertension Obesity Hyperlipidemia Diabetes Kidney disease Hepatitis / Liver Disease

HIV / AIDS Anemia Thyroid disease Birth Defects Irritable Bowel Asthma / COPD / Emphysema

Depression Anxiety Bipolar disorder Suicidal Arthritis Stroke / Aneurysm

Cancer (Type?) - Breast / Colon / Skin / Prostate / Lung / Bone / Brain / Lymphoma / Leukemia / Others: _____

Alcohol use

How often? Never / Socially / Daily

Is alcohol use an addiction? Y/ N

Are you or have you been in rehab? Y / N

Tobacco use

How many packs per day? 1 / 2 / 3/+

What age did you start? _____

Have you ever tried to quit? Y / N

Drug use

Drugs abused? MJ / Cocaine / Methamphetamine / Heroin / Opioids / Ecstasy / Others: _____ Completed rehab? Y / N

Surgical History

Appendectomy / Cholecystectomy / Lithotripsy / Coronary artery bypass / Back / Knee / Shoulder / C-section / Breast Augmentation

Others: _____