

NEW PROVIDENCE INTERNAL MEDICINE ASSOCIATES

Initial Visit

NAME:

TODAY'S DATE:

AGE:

ISSUES TO DISCUSS TODAY:
(in order of importance to you)

ANY ALLERGIES TO MEDICATIONS

CURRENT/ONGOING HEALTH
PROBLEMS:

MEDICATIONS *(name, strength, frequency)*

PLEASE LIST ANY OTHER DOCTORS
WHO YOU SEE REGULARLY:

ANY PREVIOUS SURGERIES OR
HOSPITALIZATIONS:

DO YOU SMOKE?
HAVE YOU BEEN A SMOKER IN THE
PAST? IF YES, WHEN DID YOU QUIT?

ANYTHING ELSE YOU NEED TODAY:
REFERRALS
REFILLS
OTHER TESTING ORDERED