Dr. Nick Andrews LLC
660 Kenilworth Drive, Suite 204, Towson, MD 21204
Phone: (443) 991-5924

New Patient Forms

Name DOB: / /

Address

City, State Zip

Preferred Name: Email:

Preferred Phone: ( ) - Alternative Phone: ( ) -

Preferred method of Contact for appointment scheduling & confirmation (circle one): Phone/ Email

Spouse Full Name (If applicable):

Guardian (if minor) & relationship

Guardian Phone: ( ) -

Occupation: Employer:

Name of Insurance (Primary and Secondary):

Is there an open Worker's Compensation, Motor Vehicle Accident or other Legal case?

How did you hear about us?

If someone referred you, who was it?

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MEDICAL HISTORY

If there is not enough room to list everything for these sections, please feel free to write on the back of this page or attach a list

Past Medical History:

Past Surgical history (surgery and approx. date):

Allergies (including medicine and foods):

Medication List (Name, strength and dosing frequency):

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Are you Pregnant? ◯Y /◯N Have you ever been pregnant? ◯Y /◯N If so, how many pregnancies and how many deliveries? Were they Vaginal or Cesarean Section? Any complications or issues during pregnancy or delivery (for example: Pre-eclampsia, preterm delivery, prolonged delivery, breach position, etc.)?

Please List any major injuries (including car accidents and injuries you believe may contribute to your symptoms). Please include approximately when, how it happened and any lasting issues:

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Social History

Are you Right-Handed, Left-Handed or Ambidextrous?

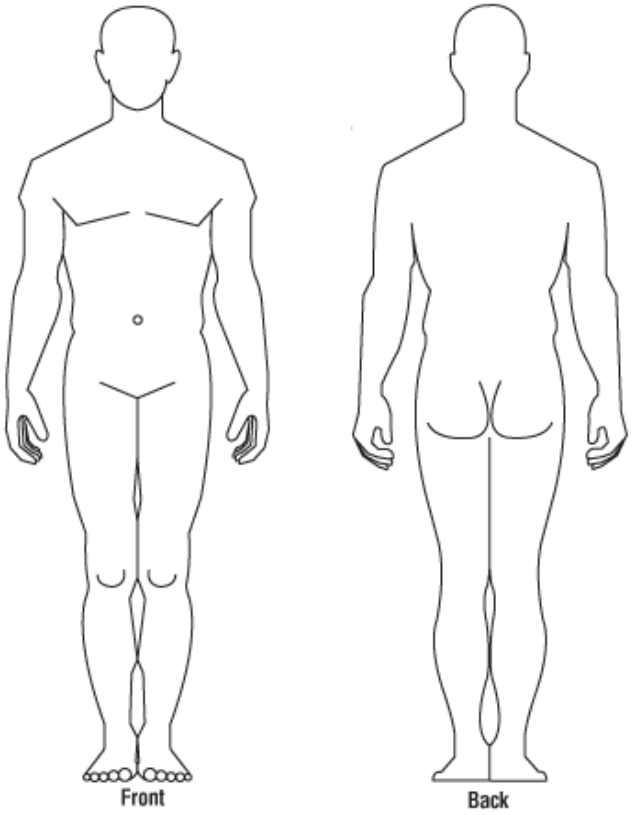
Marital Status: ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Do you drink Alcohol? If so, how frequently and how much on average per occasion?

Do you use Tobacco? If so, what form and how much/often?

Current Problem

Please feel free to mark the symptomatic area(s) and write quality or description of symptom(s)



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Please list your chief complaints in order of the most symptomatic or important to you first:

When did this start? Were there any incidents or changes that could have brought this on?

Are the symptoms continuous or intermittent? If intermittent, how often do you get them and how long do they last?

What helps? What makes it worse?

If female, are the symptoms worse with periods?

Any changes in bowel or bladder function?

Have you ever seen anyone for this before? If so, who? What did they do, and did it help?

Are your symptoms limiting or stopping you from doing certain activities? Which ones?

Additional Information: