

# NORTHSIDE FAMILY MEDICINE & URGENT CARE

English - Spanish

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male / Female (Please Circle) Primary Physician: \_\_\_\_\_

Pharmacy & Phone #: \_\_\_\_\_

Date of last menstrual cycle: \_\_\_\_\_ Pregnant? \_\_\_\_\_ If so, how many weeks: \_\_\_\_\_

(If Applicable)

Immunizations current?  Yes  No  Unsure Year of last Tetanus immunization: \_\_\_\_\_

Do you smoke or chew tobacco?  Yes  No How much per day? \_\_\_\_\_

Do you drink alcohol, beer, or wine?  Yes  No How much per day/week? \_\_\_\_\_

Why are you being seen today? \_\_\_\_\_

Which of the following conditions are you receiving treatment for/ have been treated for in the past?

None

Anemia

Anxiety

Arthritis: \_\_\_\_\_

Asthma

Back Pain (chronic)

Cancer: \_\_\_\_\_

Colitis: \_\_\_\_\_

COPD

Depression

Diabetes

Ear Infections (chronic)

Glaucoma

Other - please list: \_\_\_\_\_

Heartburn (acid reflux)

Heart Disease \_\_\_\_\_

High Blood Pressure

High Cholesterol

HIV/AIDS

Kidney Stones

Liver - (Hepatitis or Cirrhosis)

Migraines

Neck pain (chronic)

Neurological Disorder \_\_\_\_\_

Pneumonia

Prostatitis

Seasonal Allergies

Seizures

Sinus Infections (chronic)

Staph Infections/MRSA

Stroke

Thyroid (Hyper/Hypo)

Ulcers

Urinary Tract Infection  
(chronic or recurrent)

**Surgeries (please check):**  None

Ear Tubes

Appendectomy

C-Section

Hysterectomy

Tonsils/Adenoids

Gallbladder

Tubal Ligation

Back/Neck

Other: \_\_\_\_\_

**Current Medications:**  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Allergies:**  None

Are you allergic to **Latex**? Yes  No

**By signing below, I hereby certify that to the best of my knowledge all the information I have furnished on this form is complete, true and accurate.**

Patient/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse reviewed: \_\_\_\_\_

11685 Alpharetta Hwy.  
Suite 150  
Roswell, GA 30076  
770-619-3860

5610 Bethelview Road  
Suite 500  
Cumming, GA 30040  
770-205-2804

81 Northside Dawson Drive  
Suite 100  
Dawsonville, GA 30534  
706-216-6000

684 Sixes Road  
Suite 125  
Holly Springs, GA 30115  
678-426-5450

4800 Old Towne Pkwy  
Suite 150  
Marietta, GA 30068  
770-509-1025