Chris A. Pate, MD

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## Personal Data

| | | |
|---|---|---|
| Name | Date | Social Security # |
| Address | City State | Zip |
| Home Phone | Work/Cell Phone | Date of Birth |
| Employer | Emergency Contact | Phone |
| Email | Marital Status<br>☐Married ☐ Single | |

## Primary Care Physician

| | | |
|---|---|---|
| Name | Phone/Fax Number | |
| Address | City State | Zip |
| Pharmacy Name | Phone/Fax Number | |
| How did you hear about us? | | |

## Present Symptoms

Please briefly describe your symptoms.

What do you feel is the most important factor to your present symptoms?

BioSymmetry HORMONE HEALTH

Name: _____

| Past Medical History | |
|---|---|
| Date | Medical diagnosis, illness, accident |
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| Past Surgical History | |
|---|---|
| Date | Surgery |
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## Social History

Please remember that this information is strictly confidential and will be used **only** to address you symptoms and/or complaints.

Do you smoke cigarettes now or have you in the past? ☐ Yes ☐ No

- If yes, how many packs per day? _____
- How many total years have you smoked?_____

Do you drink alcohol? ☐ Yes ☐ No

- If yes, how many drinks and what type of alcohol (beer, wine, spirits ect.) do you have in an average week? _____

## Family History

Please list ALL illness(heart disease, stroke, diabetes, hypertension, cancer (breast, cervical, skin, prostate, lung, blood), ect. If a member is deceased, please list age of death and cause if known.

| Relationship | Age | Medical Problem(s)/ Cause of Death |
|---|---|---|
| Mother | | |
| Father | | |
| Brothers | | |
| | | |
| | | |
| Sisters | | |
| | | |
| | | |
| Children | | |
| | | |
| | | |
| | | |
| Spouse | | |

BiSymmetry HORMONE HEALTH

Name: _____

| **Medications:** Please list ALL prescription medications. Include ALL over the counter medications, supplements, and vitamins. | | |
|---|---|---|
| Name of Medication | Dosage | Dosing schedule |
| | | |
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| **Allergies**<br>Are you allergic to any MEDICATIONS (Prescription or OTC) |
|---|
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| |

| | |
|---|---|
| Weight:_____ | Height:_____ |