

## Your First Visit



Thank you for choosing Dolphin Medical Group for your health care needs. During your first visit, you will meet our staff, complete a few brief forms and, of course, meet your doctor. As family physicians, we will try to solve your current medical problem and detect or prevent other health problems. We hope to make your first visit not just an opportunity to deal with any medical concerns you may have but also a time to get acquainted with you.

We hope that after your visit you will be confident that you've made a wise decision by choosing our practice. If you are not comfortable with one doctor's practice style, you may reschedule your next appointment with another doctor in our practice.

Respectfully,

Dolphin Medical Group

### Today's Visit

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

Main reason for today's visit: \_\_\_\_\_

Other concerns I would like to discuss if there is time: \_\_\_\_\_

Check all that apply:

I have prescriptions that need to be refilled. \_\_\_\_\_

I need a school or work excuse. \_\_\_\_\_

I need a referral for my insurance company. \_\_\_\_\_

I need the attached forms filled out. \_\_\_\_\_

When was your last comprehensive health examination (blood tests, EKGs, etc)? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: We recommend a comprehensive evaluation for healthy individuals every three years until age 40, every two years from ages 40 to 50 and annually after the age of 50. Patients with a chronic medical problem should have an annual health evaluation.**

Do you have a family history of medical, mental or hereditary problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If you were born after 1957, have you had a second measles, mumps and rubella vaccination? Yes \_\_\_\_\_

No \_\_\_\_\_

If you are at least 65 years old or have a chronic health problem, have you received the pneumococcal and flu vaccines?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a female, do you do a monthly self-breast exam? Yes \_\_\_\_\_ No \_\_\_\_\_

When was your last breast exam by your physician? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last mammogram: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last pap smear: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: One out of every 10 women will get breast cancer. The best approach is early detection by doing a monthly self-breast exam, an annual breast exam by your physician and periodic mammograms.**

If you are a male, do you do a monthly self-testicular exam? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Testicular cancer is a leading cause of cancer for men under the age of 50.**

Do you practice "safe sex"? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at risk for AIDS? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you used illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been exposed to chemicals or radiation at the workplace? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a living will? Yes \_\_\_\_\_ No \_\_\_\_\_

If there is a gun in your home, is it out of children's reach and unloaded? Yes \_\_\_\_\_ No \_\_\_\_\_

If you ride a bicycle, do you wear a helmet? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your home tobacco- and smoke-free? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your time well balanced between your job, family and hobbies? Yes \_\_\_\_\_ No \_\_\_\_\_

What pharmacy do you use? Name \_\_\_\_\_ Address \_\_\_\_\_