

Summit Endocrine & Diabetes, PLLC
550 New Waverly Place, Suite 120
Cary, NC 27518
Phone: 919-642-3738
Fax: 919-585-1554
www.summitendocrine.com

NEW PATIENT INFORMATION

Today's Date: _____

Appointment Date: _____ Appointment Time: _____

Patient's Name: _____
Last First Middle Initial

Date of Birth: ____ / ____ / ____ SSN: _____ Male Female

Referring Physician: _____ Phone/Fax: _____

Primary Physician: _____ Phone/Fax _____

Reason for Referral (e.g. procedure) _____

Any recent blood work? Yes No Where was it done? _____

Any recent radiology?(e.g. MRI's, ultrasounds, EKG) Yes No

If yes, where / what was done? _____

Current Physicians:

Nephrologist: _____ Phone/Fax _____

Cardiologist: _____ Phone/Fax _____

Ophthalmologist: _____ Phone/Fax _____

Dietician: _____ Phone/Fax _____

Podiatry: _____ Phone/Fax _____

Other: _____

Allergies _____

Social History

Family History

Diabetes _____

Thyroid Disease _____

Heart Disease/Vascular Disease/Stroke _____

High Blood Pressure _____

High Cholesterol _____

Endocrine Diseases _____

Cancer _____

Autoimmune Diseases _____

Other _____

Medical Problems/Surgery/Major Hospitalization

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Summit Endocrine & Diabetes, PLLC
550 New Waverly Place, Suite 120
Cary, NC 27518
Phone: 919-642-3738
Fax: 919-585-1554
www.summitendocrine.com

Obstetrics History

Number of Pregnancies/Complications _____

Number of Live Births _____

Number of Miscarriages _____

Current Medications (Including Dosage):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Review of Systems

General _____

HEENT _____

CV _____

Respiratory _____

Gastrointestinal _____

GU/Breast _____

Musculoskeletal _____

Neurological _____

Psychiatric _____

Endocrine _____

Hematologic/Lymphatic _____

Other _____

Any specific concerns that you would like to discuss with your provider today?
