

6533 Preston Rd Suite 100
Plano, TX 75024
P: (469) 277-2700
F: (844) 709-2941
W: www.bdendo.com
E: info@bdendo.com

Patient Information

Welcome to Balance Diabetes and Endocrinology! Please help up by filling out the following information.

Personal Information:

Full Name: _____
Last First Middle

Gender: (check) Male Female Ethnicity: (check) Hispanic Non-Hispanic

Race: (check) Native American Asian Caucasian African American

Preferred Language: (check) English Other: Please specify: _____

Address: _____
Street Unit# City State ZIP Code

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Date of Birth: _____

Family Doctor's Name: _____ Doctor's phone number: _____

Insurance Information:

(PLEASE GIVE YOUR INSURANCE and A FORM OF IDENTIFICATION CARD TO THE RECEPTIONIST)

If you are a dependent on your policy, please provide the subscriber's information:

Name: _____ DOB: _____

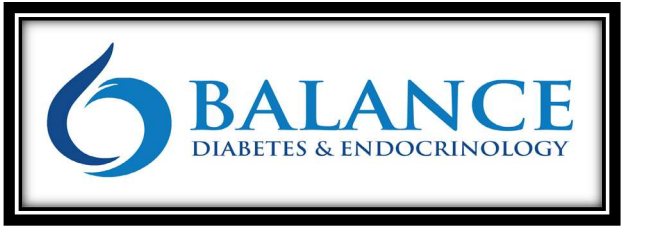
Emergency Contact:

Full Name: _____
Last First Middle

Address: _____
Street Unit# City State ZIP Code

Home Phone: _____ Cell Phone: _____

Relationship to patient: _____



6533 Preston Rd Suite 100
Plano, TX 75024
P: (469) 277-2700
F: (844) 709-2941
W: www.bdendo.com
E: info@bdendo.com

Medical History Questionnaire

Welcome to Balance Diabetes and Endocrinology!

To help us understand your needs, please take time to answer the following questions:

Name _____ Today's Date _____

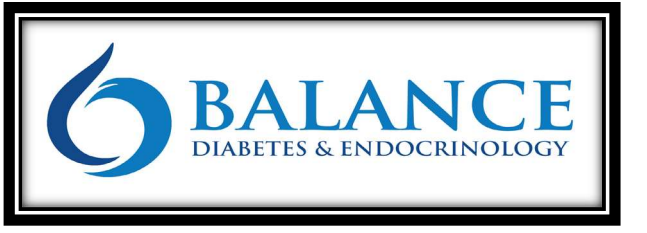
Primary Care Physician (Name): _____

Current Pharmacy (Name, Location): _____

Briefly describe the reason for your visit today: _____

List **ALLERGIES** to Agents/Medications:

Agent	Reaction



6533 Preston Rd Suite 100
Plano, TX 75024
P: (469) 277-2700
F: (844) 709-2941
W: www.bdendo.com
E: info@bdendo.com

Please list any systemic medications:

1

2

3

4

Please list your current medical conditions/past surgeries:

1

2

3

4

5

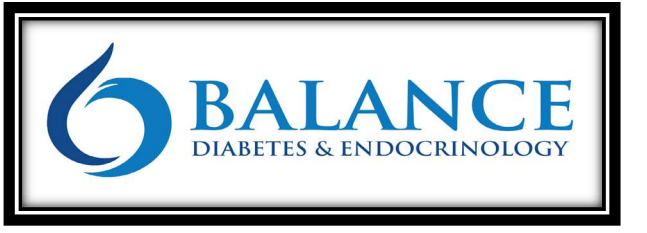
6

7

8

9

10



6533 Preston Rd Suite 100
 Plano, TX 75024
 P: (469) 277-2700
 F: (844) 709-2941
 W: www.bdendo.com
 E: info@bdendo.com

FAMILY HISTORY

Do you have any **blood relatives** who have had any of the following conditions?

Systemic	Yes	No	Relation
Bleeding Disorder			
Cancer			
Diabetes			
Heart Disease			
Stroke			
Neurological			
Thyroid Disorder			
Other			

SOCIAL HISTORY

Current Occupation: _____

Marital Status (married, divorced, single, widowed): _____

Do you currently smoke? No If Yes: _____ Packs per day for _____ years

Are you a former smoker? Quit Date: _____

Do you drink alcohol? No If Yes: occasional 1 per day 2-3/ day 4+/ day

Do you use any illicit drugs? No If Yes: Please specify type and frequency: _____



6533 Preston Rd Suite 100
 Plano, TX 75024
 P: (469) 277-2700
 F: (844) 709-2941
 W: www.bdendo.com
 E: info@bdendo.com

REVIEW OF SYSTEMS
 (Please circle)

Ear, Nose, and Throat		
Hard of Hearing	Yes	No
Ringing in Ears	Yes	No
Vertigo	Yes	No
Runny Nose/Sinus Problems	Yes	No
History of radiation to the head or neck	Yes	No
Snoring	Yes	No
Pain/tenderness in front of neck	Yes	No
Hoarseness/raspy voice	Yes	No
Cardiovascular		
Chest Pain	Yes	No
Dizziness	Yes	No
Fainting Spells	Yes	No
Shortness of Breath	Yes	No
Irregular Heart Beat	Yes	No
Difficulty Lying Flat	Yes	No
Constitutional		
Fatigue/Weakness	Yes	No
Fever	Yes	No
Weight Gain	Yes	No
Weight Loss	Yes	No
Feeling too hot or too cold	Yes	No
Respiratory		
Cough	Yes	No
Congestion	Yes	No
Wheezing	Yes	No
Asthma	Yes	No
Gastrointestinal		
Heartburn	Yes	No
Nausea/Vomiting	Yes	No
Constipation	Yes	No
Diarrhea	Yes	No
Abdominal Pain	Yes	No
Genito-Urinary		
Pain/Difficulty Urinating	Yes	No

Blood in urine	Yes	No
History of Kidney Stones	Yes	No
History of STDs	Yes	No
For Men Only		
Decreased testicular size	Yes	No
Decreased libido	Yes	No
Painful breast enlargement	Yes	No
Erectile dysfunction	Yes	No
Taking or ever taken testosterone	Yes	No
For Women Only		
Irregular periods	Yes	No
Heavy cycles	Yes	No
Infertility issues	Yes	No
Milky breast discharge	Yes	No
Hot flashes	Yes	No
Post menopause	Yes	No
Date of Last Menstrual Cycle _____		

Psychiatric		
Anxiety/Depression	Yes	No
Mood Swings	Yes	No
Difficulty Sleeping	Yes	No
Endocrine		
Increased Thirst	Yes	No
Increased Hunger	Yes	No
Increased Urination	Yes	No
Increased Sweating	Yes	No
Fingernail changes	Yes	No
Blood Lymph Nodes		
Aspirin Use	Yes	No
Easy bruising	Yes	No
Gums Bleed Easily	Yes	No
Prolonged Bleeding	Yes	No
Musculoskeletal		
Stiffness	Yes	No
Arthritis	Yes	No
Joint Pain/Swelling	Yes	No
Muscle weakness	Yes	No



6533 Preston Rd Suite 100
 Plano, TX 75024
 P: (469) 277-2700
 F: (844) 709-2941
 W: www.bdendo.com
 E: info@bdendo.com

Recent Fractures	Yes	No
Loss of Height		
Frequent Falls	Yes	No
Skin		
Rashes/Sores	Yes	No
Skin Lesions	Yes	No
Increase in shoe size	Yes	No
Change in skin color	Yes	No
Acne	Yes	No
Unwanted dark hair on face/chest/belly	Yes	No
Excessive sweating	Yes	No
Bruise easily		
Itching	Yes	No
Neurological		
Seizures	Yes	No
Weakness/Paralysis	Yes	No
Numbness	Yes	No
Headaches	Yes	No
Tremors	Yes	No



6533 Preston Rd Suite 100

Plano, TX 75024

P: (469) 277-2700

F: (844) 709-2941

W: www.bdendo.com

E: info@bdendo.com