

Premier Hematology & Tele-Oncology Center, PLLC  
550 New Waverly Place  
Suite 120  
Cary, NC 27518  
Phone: 919-351-2260  
Fax: 919-230-2311  
[www.premierheme.com](http://www.premierheme.com)

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**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:**

Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Phone \_\_\_\_\_

Pulmonologist: \_\_\_\_\_ Phone \_\_\_\_\_

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

**Allergies to Medications:**

\_\_\_\_\_

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**Social History**

Are you a current or former smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ Quit Date \_\_\_\_\_ (if applicable)

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

What type? \_\_\_\_\_ (if applicable)

Quantity & Frequency? \_\_\_\_\_ (if applicable)

Exposure to other substances? (ex, Agent Orange, Asbestos) \_\_\_\_\_

**Family History**

Cancer (what type?) \_\_\_\_\_

Blood clots \_\_\_\_\_

Heart Disease/Vascular Disease/Stroke \_\_\_\_\_

Autoimmune conditions \_\_\_\_\_

Other significant \_\_\_\_\_

**Medical Problems/Surgeries/Major Hospitalization**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

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**Obstetrics History**

**Number of Pregnancies/Complications** \_\_\_\_\_

**Number of Live Births** \_\_\_\_\_

**Number of Miscarriages** \_\_\_\_\_

**Current Medications (Including Dosage):** *(use additional paper if needed)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

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**Review of Systems**

General \_\_\_\_\_

Head, Ears, Nose, Throat: \_\_\_\_\_

Heart/Vascular \_\_\_\_\_

Respiratory \_\_\_\_\_

Gastrointestinal \_\_\_\_\_

Breast \_\_\_\_\_

Urinary/Kidney \_\_\_\_\_

Gynecologic \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Neurological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Endocrine \_\_\_\_\_

Hematologic/Lymphatic \_\_\_\_\_

Other \_\_\_\_\_

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

\_\_\_\_\_