

# RODOLFO MALDONADO MD LLC

## USCIS Registration Form

86 New Brunswick Avenue  
Hopelawn, NJ 08861-2242  
Phone: 732-826-1609  
Fax: 732-826-0075

Today's Date:

### PATIENT INFORMATION

(ALL INFORMATION MUST BE FILLED OUT UNLESS STATED OTHERWISE)

Last Name:		First Name:		Middle Name (If Any):											
E-Mail (If Any):				Birth Date: (MMDDYYYY)		Sex:									
				<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<input type="checkbox"/> M <input type="checkbox"/> F	
Street Address:				Social Security No. (If Any):											
				<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Apt:	Floor:	City:		State:		ZIP Code:									
City of Birth:		Country of Birth:		Phone No.:											
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I can read and understand English:		USCIS Online Account No. (If Any):		Alien Registration No. (If Any):											
<input type="checkbox"/> Yes <input type="checkbox"/> No				<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											

### MAJOR ILLNESSES (Please Check All That Apply)

Hypertension:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input type="checkbox"/> N/A	Notes: _____
Diabetes:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input type="checkbox"/> N/A	Notes: _____
Cancer:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input type="checkbox"/> N/A	Notes: _____
Other:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input type="checkbox"/> N/A	Notes: _____

### SURGERIES

If you have no known surgeries, please check the box to the right: ☐ No known surgeries to report.

\_\_\_\_\_

### SOCIAL HISTORY

Drink Alcohol:	<input type="checkbox"/> Currently	<input type="checkbox"/> In the past	<input type="checkbox"/> Never	How much and how often? _____
Use Tobacco:	<input type="checkbox"/> Currently	<input type="checkbox"/> In the past	<input type="checkbox"/> Never	How much? _____
Subs. Abuse:	<input type="checkbox"/> Currently	<input type="checkbox"/> In the past	<input type="checkbox"/> Never	What substance? _____

### APPLICANT'S STATEMENT

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I understand that if all the necessary tests and vaccines are not done within reasonable time there may be a delay in processing my documents.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date