

Infectious Disease Specialists
of North Alabama

NEW PATIENT QUESTIONNAIRE

Name:	Do you use tobacco? (Y/N)
Date:	If Yes, how much?
Marital Status:	Do you use alcohol?(Y/N)
Children:	If YES, how much?
Occupation:	Do you use drugs?(Y/N)
Pets:	If YES, what kind & how often?
City, County or Well Water?	

ALLERGIES	TYPE OF REACTION

MEDICINE	WHAT DO YOU TAKE IT FOR	DOSAGE	HOW MANY TIMES A DAY

SURGERIES YOU HAVE HAD	SURGERIES YOU HAVE HAD (cont)

PREFERRED PHARMACY	PHONE NUMBER	ADDRESS

PRIMARY CARE DOCTOR	ADDRESS AND PHONE NUMBER