

Summit Endocrine & Diabetes, PLLC  
550 New Waverly Place, Suite 120  
Cary, NC 27518  
Phone: 919-439-0492  
Fax: 919-585-1554  
[www.summitendocrine.com](http://www.summitendocrine.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:**

Nephrologist: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Ophthalmologist: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Dietician: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Podiatry: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

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

**Allergies** \_\_\_\_\_

**Social History**

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**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. \_\_\_\_\_

**Obstetrics History**

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**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 \_\_\_\_\_

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Musculoskeletal \_\_\_\_\_

Neurological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Endocrine \_\_\_\_\_

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

Other \_\_\_\_\_

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

\_\_\_\_\_