

Summit Endocrine & Diabetes, PLLC
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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:

Marital Status: Single ___ Married ___ Widowed ___

Members of household: _____

Occupation: _____

Alcohol use, Number of drinks per day: _____

Do you currently smoke: Yes ___ No ___ If yes, how many Packs per day ___

Did you ever smoke: Yes ___ No ___ If yes, Year Started _____

Drug use – Current or previous: _____

Health Maintenance:

Have you received the flu vaccine/Date: _____

Have you received Pneumovax/Date: _____

Most recent mammogram – Date/Results: _____

Most recent colonoscopy – Date/Results: _____

Do you exercise/How many days a week: _____

Obstetrics History

Number of Pregnancies/Complications: _____

Number of Live Births: _____

Number of Miscarriages: _____

Are you currently pregnant/Last menstrual period: _____

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/Date

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Current Medications (Including Dosage):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Review of Systems: Please check any symptoms that you have experienced in past 6 months on a chronic basis.

General: Fatigue ___ Fevers ___ Chills ___ Unintentional weight loss ___ Change in appetite ___

Eyes: Double vision ___ Blurry vision ___ Loss of vision ___ Eye Pain ___ Eye Irritation ___

Ears, Nose, Throat: Hearing loss ___ Nasal congestion ___ Sore throat ___ Hoarseness ___
Difficulty swallowing ___

Skin: Rash ___ Itching ___ Dry skin ___ Changes in skin color ___ Excessive sweating ___
Acne ___ Unusual Hair distribution ___ Poor wound healing ___

Breast: Discharge ___ Pain in breast ___ Enlargement or lumps in breasts ___

Cardiovascular/Heart: Chest pain or pressure ___ Palpitations ___ Difficulty breathing ___

Difficulty breathing at night ___ Swelling of Hands or Feet ___ Pain in leg with walking ___

Respiratory/Lungs: Shortness of breath ___ Cough ___ Wheezing ___

Gastrointestinal: Nausea ___ Vomiting ___ Diarrhea ___ Constipation ___ Abdominal pain ___

Heart burn ___ Blood in stool ___

Genitourinary: Frequent urination ___ Painful urination ___ Blood in urine ___ Urinary urgency ___

Nighttime urination ___

Men Only: Erectile dysfunction ___ Poor sex drive ___ Lump in testes ___

Women Only: Irregular menses ___ Excessive menstrual bleeding ___ Vaginal discharge ___

Hot flashes ___

Neurological: Seizures ___ Headaches ___ Difficulty concentrating ___ Numbness ___

Tingling ___ Poor balance ___ Tremors ___ Memory Loss ___ Difficulty with speech ___

Dizziness ___

Musculoskeletal: Muscle Pain ___ Back pain ___ Joint pain or stiffness ___ Arthritis ___

Difficulty reaching for objects ___ Difficulty standing up from seated position ___

Hematologic: Anemia ___ Easy bleeding ___ Abnormal bruising ___

Lymphatics: Enlarged lymph nodes ___ Painful lymph nodes ___

Psychiatric: Depression ___ Anxiety ___ Mood swings ___ Personality changes ___

Endocrine: Excessive thirst ___ Excessive urination ___ Excessive hunger ___ Heat intolerance ___

Cold intolerance ___

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