

BBF, Ltd dBA Put-in-Bay Concierge Medical
165 North Trimble Road Mansfield, OH 44906
Phone: 419-522-1100 cell 614-975-1003 Fax: 419-522-4118

History and Physical for remote examination.

Name: _____ **date of birth:** _____ **today's date:** _____

What seems to be the problem? (write out in your own words exactly what you want to say to the doctor) use extra page or pages if needed

Have you had this problem before? _____ What was done for it? _____

Do you have any idea what you think you need today? _____

What **Medical Conditions** do you have?

What **Medications** do you take on a regular basis?

What **Surgeries** have you had and when?

What are you **Allergic** to and what happens?

When were you last in the ER or a hospital and for what?

Do you smoke? _____ How many packs per day? _____ Drink alcohol? _____ How many per week? _____

Women: First day of your last menstrual cycle? _____ Any chance you are pregnant? _____

Who is your primary doctor? _____ Do you plan to follow up with them or Dr Mike? _____

I DO _____ or DON'T _____ want Dr. Mike to correspond with my primary (or any other doctor I have)

Is there **anything else** in particular that **you want the doctor to know?** _____

The information I provided above is true, accurate and complete to the best of my knowledge. I understand PIB Concierge is a private concierge program and does not take or bill any insurance. I am personally financially responsible for billing related to care, HIPPA policy rules (available online) apply, and the doctor will be available for follow-up if needed.

Patient Signature: _____ **Date:** _____ / _____ / _____