Peter Krause, MD
Family Medicine

2020 Annual Current Patient Information

Date:	
Patient Name	**Marital Status: (circle one)** Single Married Partnered Divorced Widowed Separated
Address:	
Home phone	**Ok to leave message on: (circle all)**
Mobile	home work mobile
Work phone	
Emergency Contact (name, relationship and phone number):	
Email Address:	

***Please confirm insurance with receptionist and provide new card if applicable.**

***Would you like to give a family member (includes spouses) permission to discuss your healthcare? If yes, please ask for form from front office staff**

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LIFESTYLE

Cigarette smoking	YES	NO	**Stress level**	Low	
Vaping?	YES	NO		Medium	
How much per day				High	

Recreational Drug Use	YES	NO	**Employed**	YES	NO
What kind?					
How often?			**Occupation**		

Alcohol (check below which applies to you)	YES	NO	**Vision changes**	YES	NO
Rare (a few times per year or less)					
Occasional (1-2 drinks per month)			**Hearing changes**	YES	NO
Moderate (weekly)					
Heavy (several times per week)					
Overuse (women 2+ annually, men 5+ times annually)			**Major life changes**	YES	NO
Have people commented on your use of alcohol?			**in past year**		
			Explanation		

MEDICAL HISTORY UPDATES

Surgeries in past 2 years
Family Medical History updates in past 2 years

Any other information you'd like to share