



Loma Vista Endocrinology, Inc.

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Medical Questionnaire

Name _____ **DOB** _____

Medical Insurance (circle one) **HMO** **PPO** **Medicare** **Medi-Medi** (to ensure we order lab tests, radiology studies, etc at the appropriate contracted facility)

Primary care physician and city they practice in:

Who referred you to an Endocrinologist? _____

For what reason?

Medications you are taking:

Pharmacy: _____

Drug Allergies: _____
