Mary Snellings M.D. * Larry Gess, M.S., PA-C * Angela McCully, PA-C * Yonah Knuckles, NP-C
1720 Oak Village Blvd Ste 200, Arlington, TX 76017 * Office (682)321-7007 * FAX (682)321-7036

## PATIENT INFORMATION

Name: _____Date of Birth: ____/____/_____
Phone- Home: _____ Cell phone: _____
Home Address: _____
Medicare Number: _____
Social Security Number: _____
Primary Insurance: _____ Insurance ID#: _____
Secondary Insurance: _____ Insurance ID#: _____
Emergency contact - Name: _____ Phone: _____
Email Address: _____
Home health agency name/number (if app): _____
Pharmacy name & phone #: _____
**Power of Attorney (if appl)** Name: _____ Phone: _____

**MEDICATIONS: Please list or attach profile of ALL of the medications you are currently taking, including prescriptions, vitamins, inhalers, eye drops, over-the-counter medications, and meds you only take occasionally.**

| **MEDICATION:** | **DOSE:** | **REASON:** |
|---|---|---|
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# PERSONAL MEDICAL HISTORY

Are you currently or have you ever been treated for:

**CONDITION (circle all that apply):**

| | |
|---|---|
| Anemia | |
| Arthritis | |
| Atrial fibrillation | |
| Back problems | Neck pain / Above the waist back pain / Low back pain |
| Blood Pressure | Low / High |
| Cancer | Breast / Colon / Skin / Prostate |
| Cholesterol / triglycerides | |
| Dementia | Age-related / Alzheimers / Vascular |
| Diabetes | |
| Edema / swelling | |
| Eye disease | Glaucoma / Macular degeneration / Cataracts / Poor vision |
| Fainting / passing out / dizzy | |
| Frequent infections | Bladder / Sinus / Lung / Skin / Intestinal |
| Gastrointestinal problems | Heartburn / Reflux / Ulcers / Nausea / Abdominal pain / Diarrhea / Constipation |
| Heart disease | Blocked arteries / Stents / Bypass / Heart attack / Congestive heart failure |
| Incontinence | Bladder accidents / Unable to control bladder or bowels |
| Kidney problems | Abnormal kidney labs / Kidney failure / Stones |
| Lung disease | Short of breath / Cough / COPD / Asthma |
| Memory loss | |
| Muscle problems | Muscle spasm / Muscle pain / Weakness |
| Osteoporosis | |
| Neuropathy | Burning pain or numbness in hands or feet/legs |
| Psychological | Depression / Anxiety / Bipolar / Schizophrenia / Hallucinations |
| Seasonal allergies | |
| Seizures | |
| Skin problems | Rash / Wounds / Itching / Dryness |
| Sleep disorders | Insomnia / Sleeping too much / Sleep apnea |
| Stroke / TIA | |
| Thyroid disease | |
| Serious Injury / broken bones | |
| Weight changes / Appetite changes | Weight loss / Weight gain / Poor appetite |
| Other (explain) | |

**VACCINATION Dates:**

**Flu (most recent) Pneumonia Shingles Tetanus**

**ALLERGIES:** Please list all allergies, including medications and supplements.

_____

_____

**Other Physicians or Specialists:**

| **Specialty:** | **Name:** | **Phone number:** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**FAMILY MEDICAL HISTORY:**

Please list all medical problems of your immediate family (Mother, Father, Siblings):

_____

_____

**SOCIAL HISTORY:**

Smoking - _____ Alcohol - _____ Street Drugs - _____

Marital status- _____# of Children - _____ Branch of Military - _____

**SURGICAL HISTORY:**

| Surgeries that you have had in the past | The year that the surgery took place (if known): |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## Please indicate if you attend any of the following:

__ Dialysis (days/times and location) _____

__ Wound care clinic (days/times and location) _____

__ Adult Day Care (days/times and location) _____

__ Other routine outings _____

## Please indicate if you are experiencing any of the following symptoms:

Memory:

__ Repeating questions or stories

__ Forgetting appointments, phone numbers, names, addresses

__ Difficulty with multi-step tasks (cooking, grooming, dressing)

__ Difficulty managing medications

__ Permanently forgetting where things are placed

__ Difficulty remembering current place of residence, month/year

Language:
__ Increased difficulty finding words
__ Inappropriate word substitutions
__ Increased generic wording ("thing", "stuff", "you know what I mean")
__ Word errors with no attempt to correct
__ Totally inappropriate response
__ Decreased spontaneous speech
Judgment:
__ Difficulty managing bills, checkbook, money; spending money frivolously
__ Difficulty planning activities that require decisions (meals, errands, traveling)
__ Decline in person appearance (not wanting to bathe or groom, dressing inappropriately)
__ Decline in social functioning
__ Decline in recognizing safety issues (left food burning on the stove, hoarding, wandering)
Visual-spatial:
__ Lost in own home/assisted living facility
__ Lost while walking in own neighborhood
__ Misidentify or fail to recognize familiar family or friends
__ Difficulty finding things that are immediately in front of them
Personality/mood:
__ Increased irritability
__ Verbal or physical threats
__ Screaming repeatedly
__ Paranoia
__ Delusions of theft
__ Hallucinations
__ Disinhibition (inappropriate jokes, inappropriate dressing or undressing, cursing)
__ Cry for no reason
__ Suicidal ideation
__ Decreased concentration
__ Loss of motivation
__ Decreased enjoyment of activities
__ Feelings of guilt or worthlessness

**FAX COMPLETED FORM TO 682-321-7036, EMAIL TO INFO@DOCSATHOME OR MAIL TO:**

**1720 OAK VILLAGE BLVD STE 200**

**ARLINGTON, TX 76017**