Patient Registration Mary Ella Carter, MD, FACS

I certify that the following information is correct to the best of my knowledge. I will not hold my doctor or any members of his/her staff responsible for any errors or omissions that I may make in the completion of this form.

		, 41	tient Signature				Date	<u>' </u>	
Patient Information									
Patient Name: (Last) (Fi			First)			(MI)			
Social Security #	□Female	□Male	Date of Birth	Age	Marital Status	М	W	D	s
Street Address			Home Phone						
City			Work Phone						
State ZiP			Cell Phone		*				
Bill to Name			Fax			-			
Billing Address			E-mail						
City			Emergency Contac	ct Name					
State	ZiP		Emergency Contact	t Phone					
Employment Information			Employer Name						
				Employer Phone					
Occupation			Employer Phone						
Occupation Referring and Primary Referring	Care Physician	n Informa	tien Primary Care						-
Occupation Referring and Primary	Care Physician	n Informa	tien						
Occupation Referring and Primary Referring Doctor Name Street Address	Gare Physician	n Informa	Primary Care Doctor Name						
Occupation Referring and Primary Referring Doctor Name	Care Physician	n Informa	Primary Care Doctor Name Street Address		ZIP				
Occupation Referring and Primary Referring Doctor Name Street Address City		n Informa	Primary Care Doctor Name Street Address City		ZIP				
Referring and Primary Referring Doctor Name Street Address City State		n Informa	Primary Care Doctor Name Street Address City State		ZIP				
Referring and Primary Referring Doctor Name Street Address City State Phone Fax		n Informa	Primary Care Doctor Name Street Address City State Phone		ZIP				
Referring and Primary Referring Doctor Name Street Address City State Phone Fax Pharmacy Name	ZiP		Primary Care Doctor Name Street Address City State Phone			eee			
Referring and Primary Referring Doctor Name Street Address City State Phone Fax Pharmacy Name			Primary Care Doctor Name Street Address City State Phone Fax		Fax	ee e			
Referring and Primary Referring and Primary Referring Doctor Name Street Address City State Phone Fax Pharmacy Name Primary	ZiP		Primary Care Doctor Name Street Address City State Phone Fax		Fax	ee e			
Occupation Referring and Primary Referring Doctor Name Street Address City State Phone Fax Pharmacy Name Primary Company	ZiP		Primary Care Doctor Name Street Address City State Phone Fax Company		Fax				

Health History New Patient

Patient's Name (Print: First Middle Last)	Patient's Signature	Date
ate of Birth	Referring Physician	
eason for your visit today		
nmunizations:	(n.n.a	
iniliuenza (iiu): Pneumova	ax (pneumonia): YES / NO Tdap (teta	nus):
Medications: list ALL that you are currently to	<u> </u>	and foods allergies
	2	
	3	
	5	
	6 7	
	8	
	9 Allergy to latex yes r	10
I take no medications currently.	☐ I have no known allergies.	
List ALL prior operations	or surgeries you have had (included dates if known)	
I have not had any surgery in the past.		
	· · · · · · · · · · · · · · · · · · ·	
ALL your Diagnosed Medical Problems (not just	hose related to your current office visit)	
I have no known medical problems.		

	Date					
[,	Please answer the fo	llowing questions			yes	no
	Do you smoke cigare	ttes?				
	f so, how many pack	s per day?				
F	ormer Smokers: Year	Started/Year Finished				
L	Do you smoke a pipe					
	Do you dip snuff or cl		·			
	<u>·</u>					
	Do you drink alcohol?					
		nuch alcohol do you drink?				
	Do you use any stree					
	f so, which drugs do	you use?				
inoma: Cancer(s)	:					
		se symptoms you curn	SO, A ST AT HER	ve or have had in	the past y	ear <i>Psychiatric</i>
Fevers or C	hille	Difficulty swallowing		oint pains		Anxiety
Dizziness		Hearing loss		Auscle aches		Depression
Fainting sp	ells	Hoarseness	F	Ankylosing pondylitis		Psychiatric hospitalization
Fatigue		Nose bleeds				
Frequent he				Veak bones		Panic attacks
	eadaches	Ringing in ears	F	Rheumatoid arthriti	s	Suicidal thoughts
Insomnia	eadaches	Ringing in ears Sinus problems	F	Rheumatoid arthriti Osteoarthritis	s	Suicidal thoughts Psychiatric drugs
Insomnia Sweats		Ringing in ears Sinus problems Vision - blurred	F	Rheumatoid arthriti Osteoarthritis Bone cancer	s	Suicidal thoughts Psychiatric drugs Memory loss
Insomnia Sweats Weight cha		Ringing in ears Sinus problems Vision - blurred Poor vision	F C E	Rheumatoid arthriti Osteoarthritis Bone cancer Bone infections	S	Suicidal thoughts Psychiatric drugs Memory loss Other:
Insomnia Sweats Weight cha Other:	nges	Ringing in ears Sinus problems Vision - blurred Poor vision Other:	F C E	Rheumatoid arthriti Osteoarthritis Bone cancer Bone infections Other:		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only
Insomnia Sweats Weight cha Other: Cardiovas	nges bular	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastroinfestinal	F C	Rheumatoid arthriti Dateoarthritis Bone cancer Bone infections Other: Benito-Urinary		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps
Insomnia Sweats Weight cha Other: Cardiovas Ankle swell	nges cular	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite	F C E E	Rheumatoid arthriti Deteoarthritis Bone cancer Bone infections Other: Beatto Udnary Bladder control		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate
Insomnia Sweats Weight cha Other: Candlovas Ankle swell Chest pains	nges cular ing	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes	F C C C C C C C C C	Rheumatoid arthriti Disteoarthritis Bone cancer Bone infections Other: Biadder control Blood in urine		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate
Insomnia Sweats Weight cha Other: Candlovas Ankle swell Chest pains Enlarged he	nges cular ing seart	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation	F E E E F F	Rheumatoid arthriti Deteoarthritis Bone cancer Bone infections Other: Beatto Udnary Bladder control		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction
Insomnia Sweats Weight cha Other: Cardiovas Ankle swell Chest pains Enlarged he Heart attack	nges cular ing s eart	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes	F E E F F	Rheumatoid arthriti Disteoarthritis Bone cancer Bone infections Other: Bladder control Blood in urine Frequent urination		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other:
Insomnia Sweats Weight cha Other: Cardlovas Ankle swell Chest pains Enlarged he	nges cular ing s eart k	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea		Rheumatoid arthriticosteoarthriticosteoarthritisone cancer Bone infections Other: Benito-Urinary Bladder control Blood in urine Frequent urination Cidney stones Painful urination Urgent urination		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only
Insomnia Sweats Weight cha Other: Cardiovas Ankle swell Chest pains Enlarged he Heart attac Heart murm Heart palpit High blood	nges cular ing seart k nur ations pressure	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastroinfestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea	E E F F F V	Rheumatoid arthriticosteoarthriticosteoarthritisone cancer Bone infections Other: Benito-Urinary Bladder control Blood in urine Frequent urination Cidney stones Painful urination Urgent urination Weak stream		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme
Insomnia Sweats Weight cha Other: Cardlevas Ankle swell Chest pains Enlarged he Heart attack Heart murm Heart palpit High blood Shortness	nges cular ing s eart k nur ations pressure of breath	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding	E E F F V	Rheumatoid arthriticosteoarthr		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps
Insomnia Sweats Weight cha Other: Cardiovas Ankle swell Chest pains Enlarged he Heart attac Heart murm Heart palpit High blood	nges cular ing s eart k nur ations pressure of breath	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastroinfestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea	F F U	Rheumatoid arthriticosteoarthr		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme
Insomnia Sweats Weight cha Other: Cardlovas Ankle swell Chest pains Enlarged h Heart attac Heart murm Heart palpit High blood Shortness o Irregular he	nges cular ing seart k nur ations pressure of breath art beat bleeding	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain		Rheumatoid arthriticosteoarthritisone cancer Bone infections Other: Benito-Urinary Bladder control Blood in urine Frequent urination Gidney stones Painful urination Urgent urination Veak stream Other: Veurological Loss of fine motor control		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual
Insomnia Sweats Weight cha Other: Card/oxas Ankle swell Chest pains Enlarged heart attac Heart murm Heart palpit High blood Shortness of Irregular he Prolonged History of b	nges cular ing seart k nur ations pressure of breath art beat bleeding	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain Ulcers Vomiting	F F F V V V V V V V V V V V V V V V V V	Rheumatoid arthriticosteoarthritisone cancer Bone infections Other: Benito-Udnary Bladder control Blood in urine Frequent urination Gidney stones Painful urination Urgent urination Weak stream Other: Veurological Loss of fine motor control Weakness		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual
Insomnia Sweats Weight cha Other: Cardiovas Ankle swell Chest pains Enlarged h Heart attac Heart murm Heart palpit High blood Shortness of Irregular he Prolonged History of b Other:	nges cular ing seart k nur ations pressure of breath art beat bleeding lood clots	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain Ulcers Vomiting Other:		Rheumatoid arthriticosteoarthritisone cancer Bone infections Other: Benito-Udnary Bladder control Blood in urine Frequent urination Gidney stones Painful urination Veak stream Other: Veurological Loss of fine motor control Weakness Paralysis		Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual publication Hot flashes Other:
Insomnia Sweats Weight cha Other: Cardlovas Ankle swell Chest pains Enlarged heart attact Heart murm Heart palpit High blood Shortness of Irregular he Prolonged History of bother:	nges nges nges nges nges nges nges nges nur nations pressure of breath art beat bleeding lood clots	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain Ulcers Vomiting Other:		Rheumatoid arthriticosteoarthriticosteoarthritisone cancer anne infections of the control and in urine frequent urination of the control arthriticosteo of fine motor control of the contr	Date	Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual Hot flashes Other: of last period:
Insomnia Sweats Weight cha Other: Cardlovas Ankle swell Chest pains Enlarged he Heart attac Heart murm Heart palpit High blood Shortness of Irregular he Prolonged History of b Other: Entografie Blood suga	nges autar ing seart k nur autions pressure of breath art beat bleeding lood clots	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain Ulcers Vomiting Other:	F F F V V V V V V V V V V V V V V V V V	Rheumatoid arthriticosteoarthr	Date Age :	Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual phot flashes Other: of last period: periods began:
Insomnia Sweats Weight cha Other: Cardiovas Ankle swell Chest pains Enlarged he Heart attact Heart murm Heart palpit High blood Shortness of Irregular he Prolonged I History of b Other: Encourse Blood suga Use of stern	nges autar ing s eart k nur ations pressure of breath eart beat bleeding lood clots r problem bids	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain Ulcers Vomiting Other: Skin Brutse easily Foot ulcers	F F F F F F F F F F F F F F F F F F F	Rheumatoid arthriticosteoarthriticosteoarthritisone cancer anne infections of the control and in urine frequent urination of the control arthriticosteo of fine motor control of the contr	Date Age (Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual Hot flashes Other: of last period:
Insomnia Sweats Weight cha Other: Cardiovas Ankie swell Chest pains Enlarged he Heart attac Heart murm Heart palpit High blood Shortness of Irregular he Prolonged History of b Other: Entractine Blood sugar	nges cular ing seart k nur ations pressure of breath art beat bleeding lood clots r problem bids Thyroid	Ringing in ears Sinus problems Vision - blurred Poor vision Other: Gastrointestinal Poor appetite Bowel changes Constipation Diarrhea Excessive thirst Heartburn Nausea Rectal bleeding Stomach pain Ulcers Vomiting Other:	F F F F F F F F F F F F F F F F F F F	Rheumatoid arthriticosteoarthriticosteoarthritisone cancer Bone infections Other: Benito-Urinary Bladder control Blood in urine Frequent urination Cidney stones Painful urination Urgent urinati	Date Age of Age of	Suicidal thoughts Psychiatric drugs Memory loss Other: MEN only Breast lumps Enlarged prostate Erectile dysfunction Penis discharge Prostate cancer Other: WOMEN only Abnormal Pap Sme Breast Lumps Vaginal discharge Severe menstrual p Hot flashes Other: of last period: periods began: of menopause:

Date of	Last Mammogram	(Month/Year):		_
Result:_			 	_

Other:

Acknowledgment of Financial Responsibility Practices Acknowledgment of Notice of Privacy Practices

Mary Ella Carter, MD, FACS

my receipt and acceptance of the Notice of Financial Responsibility Practices of Dr. Mary Ella Carter dated June 15,

And, when necessary in processing insurance claims for medical or surgical treatment or services rendered to me, I expressly authorize:

- the release of any medical information about me by any holder of said information to any insurance carrier, who may provide financial assistance for this treatment or service;
- and its
- ter, MD,

may provide interioral assistance for the assaurance		
 the release to the Centers for Medicare and Medicagent(s) of any medical information necessary to de 	caid and/or to the Health Care Fi termine benefits;	nancing Administration and
 the payment by my insurance carrier(s) of insurance FACS 	e and/or Medicare benefits direct	tly to Dr. Mary Ella Carter, l
Patient Name (Print: First, Middle, Last)	Patient Signature	Date
 By my signature below, I acknowledge: access to the notices regarding company relationsh my receipt and acceptance of the Mary Ella Carter, 		
Patient Name (Print: First, Middle, Last)	Patient Signature	
Personal Representative Name (Print first, MI, Last)	Personal Representative S	ignature
Representative's Relationship to Patient	Date	
Advanced Care Planning:		
Do you have a health care proxy in the event you a	re unable to make your own m	edical decisions?
Yes No No		
Designee's Name:		
Designee's Phone Number:		
Designee's Relationship to Patient:		