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NEW PATIENT HISTORY SHORT FORM

LAST NAME: FIRST NAME: DATE OF BIRTH:

STREET ADD: CITY, STATE, ZIP: TELEPHONE:

HEIGHT: Ft In WEIGHT: GENDER: E-MAIL:

REGARDING COVID-19 :

DID YOU TAKE ANY COVID-19 VACCINE? ☐ No ☐ Yes If so: ☐ Pfizer ☐Moderna ☐ Johnson & Johnson

DO YOU THINK YOU HAVE RECENTLY BEEN EXPOSED TO COVID-19? ☐ Nc ☐ Yes **IF SO**, WHEN & WHERE:

DO YOU HAVE ANY SYMPTOMS? ☐FEVER ☐SHORT OF BREATH ☐ LOSS OF TASTE OR SMELL ☐ CONTINUOUS COUGH

OTHER SYMPTOMS:☐ Yes

ARE YOU INTERESTED IN IVERMECTIN? ☐ Nc ☐ Yes IF SO, ☐PROPHYLACTIC or for ☐TREATMENT

DO YOU REGULARLY VISIT OR WORK IN THE FOLLOWING? ☐HOSPITAL ☐ NURSING HOME ☐ STADIUMS
☐THEATERS ☐WORK WITH THE PUBLIC ☐OTHER ☐RECENT TRAVEL OUT OF COUNTRY

MEDICATIONS/VITAMINS/SUPPLEMENTS TAKEN, WITH DOSES IF KNOWN:

ALLERGIES TO FOODS OR MEDICINES WITH TYPE OF REACTION:

Smoke tobacco? **Drink alcohol?** **Drug abuse?**

Sleeping **Any exposure to** **Any problems**

Any of the following: **Other Disorders:**

VACCINATION HISTORY: ☐ Tetanus Shot ☐Pneumovax Shot ☐Flu Shot ☐Hepatitis A ☐Hepatitis B ☐HPV
☐ Lyme Vaccine ☐ Mononucleosis ☐Epstein-Barr

PAST OR CURRENT MEDICAL PROBLEMS (CHECK ALL THAT APPLY):

ADHD	☐	Anemia	☐	Asthma	☐
Bleeding disorder	☐	Chicken pox	☐	Constipation	☐
Eczema	☐	Diabetes	☐	Frequent ear infections	☐
Elevated cholesterol	☐	Headaches	☐	Heart murmur	☐
Heart disease	☐	Blood Pressure ☐HIGH ☐LOW		Hepatitis	☐
Seasonal allergies	☐	Pneumonia	☐	Thyroid disorder	☐
Seizure disorder	☐	Stomach pain	☐	Urinary tract infections	☐
Major Trauma	☐	Other (explain):			

Past surgeries with dates if known:

Past hospitalizations, reasons & dates if known:

FAMILY HISTORY: Have you or **your blood relatives** had any of the following (include grandparents, aunts and uncles, but exclude cousins, relatives by marriage and half-relatives)? **Check those that apply: (leave others blank).**

☐Heart Attacks under age 50	☐Diabetes	☐Obesity - lifetime
☐Strokes under age 50	☐Asthma or hay fever	☐Glaucoma
☐High Blood pressure	☐Congenital heart disease	☐Leukemia
☐Elevated cholesterol	☐Heart operations	☐Cancer (type)