POINTE MEDICAL SERVICES

1996 Kingsley Avenue · Orange Park, Florida 32073 (904) 276-5700

A	NT INFORMATIO		INSUI	TITLE	
	Date	Who i	s responsible fo	or this account	t?
Patient		D-1-4			
		Birthd			S#
Address		1 1110010			
City	State		#		
5763.50		is pati	ent covered by riber Name		urance? Yes No
	Age Birthdate	Rithd	ate	SS	S#
	☐ Widowed ☐ Separated ☐ Di	Norced Relation			
atient SS#					
Occupation		Group	#		17
Employer			NMENT AND		
		I, the u		10 60 6	pendent) have insurance coverage and assign directly to
					all insurance benefits, if any
		Ott Hot Wile		r services randere	ed. I understand that I am financial
Spouse's Name		respons the doc	tor to release all	information nece	aid by insurance. I hereby authorize essary to secure the payment of
Birthdate	SS#				ture on all insurance submissions
Occupation		Respo	nsible Party Signatu	ent	
spouse's Employer					
	for referring you?	Relatio	nship		Date
Whom may we mank i	or relenting your	MEDIC	ARE AUTHOR	IZATION	
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		nation is strictly confidential.	
Check (✓) symptoms you curre	ently have or have had in the past y	ear.	
GENERAL	GASTROINTESTINAL	EYE, EAR, NOSE, THROAT	MEN only
☐ Chills	☐ Appetite poor	☐ Bleeding gums	☐ Erection difficulties
□ Depression/Nervousness	☐ Bloating	☐ Blurred vision	☐ Lump in testicles
☐ Dizziness/Fainting	☐ Bowel changes	☐ Crossed eyes	☐ Penis discharge
Fever	☐ Constipation	☐ Difficulty swallowing	☐ Sore on penis
Forgetfulness	Diarrhea	☐ Double vision	☐ Other
☐ Headache	☐ Excessive thirst	☐ Earache/Ear discharge	WOMEN only
Loss of sleep	☐ Gas	Hay fever	Abnormal Pap Smear
			☐ Bleeding between perio
Loss of weight	Hemorrhoids	Hoarseness	☐ Breast lump
Numbness	☐ Indigestion	Loss of hearing	Extreme menstrual pair
Sweats	Nausea	Nosebleeds	Hot flashes
MUSCLE/JOINT/BONE	Rectal bleeding	Persistent cough	
Pain, weakness, numbness in:	Stomach pain	Ringing in ears	☐ Nipple discharge
Arms Hips	☐ Vomiting	☐ Sinus problems	Painful intercourse
	☐ Vomiting blood	☐ Vision - Flashes/Halos	☐ Vaginal discharge
	0.0000000000000000000000000000000000000	64411	☐ Other
Feet Neck	CARDIOVASCULAR	SKIN	Date of last
Hands Shoulders	Chest pain	Bruise easily	menstrual period
GENITO-URINARY	☐ High/Low blood pressure	☐ Hives	Date of last
Blood in urine	☐ Irregular/Rapid heart beat	☐ Itching/Rash	Pap Smear
Frequent urination	☐ Poor circulation	☐ Change in moles	Have you had
Lack of bladder control	Swelling of ankles	☐ Scars	a mammogram?
	☐ Varicose veins	Name	Are you pregnant?
Painful urination		☐ Sore that won't heal	Number of children
heck (🗸) conditions you have	N/7		По.:-
AIDS	Chicken Pox	☐ HIV Positive	Polio
Appendicitis	Diabetes	☐ Kidney Disease	Prostate Problem
Arthritis	Emphysema	Liver Disease	Rheumatic Fever
Asthma	Epilepsy	Measles	Scarlet Fever
Bleeding Disorders	Glaucoma	Migraine Headaches	☐ Stroke
Breast Lump	☐ Heart Disease	☐ Multiple Sclerosis	☐ Thyroid Problems
] Cancer	☐ Hepatitis	☐ Mumps	☐ Tuberculosis
Cataracts	☐ Herpes	☐ Pacemaker	☐ Ulcers
		☐ Pneumonia	☐ Venereal Disease
	☐ High Cholesterol	L I Houmonia	
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