

Barsam Gharagozlou M.D
Patient Registration Information

Patient Social Security: _____ Today Date: _____
Patient Name: _____ Cell: _____
Patient Date of Birth: _____
Address: _____
City, State, Zip: _____

If Minor Parent/Guardian: _____
Contact Phone Number: _____
Relationship to Patient: _____

Patient Employer: _____
Employer Address: _____
Employer Phone: _____

Person to Contact in Case of Emergency: _____
Address: _____
Relation: _____ Phone: _____

Insurance Coverage _____ Yes _____ No _____ Self Pay

Primary
Insured:
_____ Self _____ Spouse _____ Other

Name of Insured: _____
Insured Date of Birth: _____
Insurance Name: _____
Policy No: _____
Group Name/Number: _____
Relation to Insured: _____ Self _____ Child _____ Other/Specify

General Medical Information

Present Health Concerns: _____
Medicines Vitamins: _____
Allergies to Medications/Vaccines: _____
Previous Pediatrician: _____

Past Medical History

- Asthma/ Hay Fever/ Eczema

- Frequent Ear Infections
 - Attention Problems
 - Urinary Tract Infection
 - RSV
 - Chicken Pox
 - Anemia
 - Other:
-

Immunization

Are you up to date with Immunization: _____ NO _____ YES

Have you had any of the following disease:

- Chicken Pox
- Rubella
- Measles
- Meningitis
- Mumps
- Tuberculosis

Family History

Please indicate family members with any of the following conditions:

(Father, Mother, Brother, Sister, Grandmother, Grandfather, Uncle, Aunt)

Alcoholism: _____

High Cholesterol: _____

Cancer Specify: _____

High Blood Pressure: _____

Heart Disease: _____

Stroke: _____

Depression/ Suicide: _____

Bleeding or Clotting Disorder: _____

Genetic Disorder: _____

Asthma: _____

Diabetes: _____

Other: _____

Patient Print Name

Date

Patient Signature