



1855 156th Avenue NE #210, Bellevue, WA 98007 425-747-8340

Adult Health Update

Name _____ Email _____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Can your cell be used for text messaging? Yes/No *(Circle one)*

Employer _____ Work Phone: _____

Spouse's Name: _____ Employer _____ Phone _____

Dental Insurance Company:

Name _____ Group # _____ Phone _____

Subscribers Name _____ Date of Birth _____ ID# _____

Have you been hospitalized since we last saw you? **Yes/ No** *(Circle one)* Reason _____

Physician's Name _____ Phone _____

Woman: Are you pregnant? **Yes/ No** *(Circle one)* **Due Date** _____

Have you had a history of *(Check all that apply)*?

- | | | |
|-----------------------------------|---|---------------------------------|
| Heart Murmur _____ | Heart Attack _____ | Heart Surgery _____ |
| Other Heart Problems _____ | High Blood Pressure _____ | Low Blood Pressure _____ |
| Stroke _____ | Rheumatic Fever _____ | Epilepsy _____ |
| Hemophilia _____ | Anemia _____ | Bleeding Problems _____ |
| Diabetes _____ | Breathing Difficulty _____ | Fainting _____ |
| Asthma _____ | Cancer _____ | AIDS/HIV _____ |
| Kidney Problems _____ | Joint Replacement _____ | Liver Disease _____ |
| Tuberculosis _____ | Hepatitis A ___ B ___ C ___ D ___ | Multiple Sclerosis _____ |
| Venereal Disease _____ | | |

Current Medications *(Please List)*:

Allergies to Medication *(Please List)*:

Do you take Medication for Osteoporosis **Yes/ No** *(Circle one)* Medication Name _____

Emergency Contact: Name _____ Phone _____

Signature _____ Date _____