Mid Florida ENDOCRINE

213 S Dillard St, Suite #130
Winter Garden, FL 34787
Ph:407-614-1644 Fax: 407-614-1635

Patient Information

Name:_____ DOB:_____

Phone #:_____ Alternate phone #:_____

Address: _____

Email Address: _____

PCP: _____ Phone #: _____

Occupation:_____

Emergency Contact:_____ Phone _____

Insurance Information

Primary Insurance:_____

Member ID: _____ Group #: _____

Subscriber name (if other than self):_____ DOB:_____

Address: _____

Relationship to Guarantor:_____

Secondary Insurance:_____

Member ID: _____ Group #: _____

Subscriber name (if other than self):_____ DOB:_____

Address: _____

Relationship to Guarantor:_____

Preferred Pharmacy

Name: _____

Address:_____

Phone #:_____ Fax #:_____

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Reason for visit:_____

Allergies:_____

Surgeries/Hospitalizations:_____

Medication List (RX & OTC)

Name	Strength	Frequency

SOCIAL HISTORY:

Do you smoke? ___ Quantity daily:____ Previously:____ How long:___Quit year:___

Do you drink alcohol? _____ Social_____ Quantity_____ Illicit drug?_____

Last flu shot? _____ Pneumonia shot?_____ Shingles vaccine?_____

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Please check any of the following that pertain to you

CONDITIONS	Y/N	CONDITION	Y/N	CONDITIONS	Y/N
General		**Neck**		**Chest/heart/lungs**	
Fever		Swelling		Irregular Heartbeat	
Chills		Lumps		Shortness of Breath	
Loss of memory		Other		Low Exercise tolerance	
General Weakness		**Gastrointestinal**		Heart Flutters	
Other		Constipation		Chest Pain	
Head		Appetite Poor		Frequent ankles	
Eye pain		Indigestion/heartburn		Leg Cramps	
Double vision		Nausea		Other	
Light flashes		Abdominal Pain/Cramps		**Male Only**	
Blurred vision w/o glasses		Diarrhea		ErectionDifficulties	
Halos around lights		Changes in Bowel Habits		Lump in Testicles	
Severe Headaches		Other		Breast Lump	
Buzzing/ ringing in ears		**Kidney**		Other	
Sinus problems		Nighttime Urination		**Females Only**	
Swallowing problems		Trouble Controlling urine		Nipple Discharge	
Persistent Hoarseness		Problems Passing Urine		NonPeriod Bleeding / Spotting	
Other		Burning / Pain when Urinating		Hot Flashes	
Skin		Other		Pain with Intercoue	
Rash		**Neuromuscular**		Possibly Pregnant	
Dryness		Dizziness		Changes in Periods	
Pigmentation		Fainting Spells		Painful Breasts	
Other		speech problems		Other	
Bone/Joint		Other		**Weight**	
Joint Pains/Swelling		**Endocrine**		Gain	
Muscle Lump/Swelling		Constant Thirst		Loss	
Muscle Strength Loss		Constantly Cold			
		Oftentime Warm			
		Very sluggish / Tired			
		Jumpy/Nervous			

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POLICIES

FORMS:

FMLA, SSA, Disability: $50
Parking Hanger: $10

NO SHOW:

If you do not keep an appointment or call to cancel with less than 24 hours notice, a **No Show/Late Cancel fee of $50** will be applied to your balance.

Signature: _____

Print Name: _____

Date:_____

REFILLS:

Refills should be requested at your appointment time. Otherwise, please allow 72 hours for us to complete.

MESSAGES:

Phone messages are checked throughout each business day.
Messages left will be addressed with 24 hours of next business day

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RELEASE OF RECORDS REQUEST (PRINT OUT TO USE)

TO:_____

NAME OF PRACTICE/MD. _____

PHONE: _____

FAX: _____

PLEASE RELEASE MY MOST RECENT OFFICE NOTES, LAB REPORTS,

RADIOLOGY REPORTS AND ANY OTHER RECENT PERTINENT INFORMATION AS IT RELATES TO MY ENDOCRINE CONDITION.

SEND THESE RECORDS TO:

MID FLORIDA ENDOCRINE
ATTN: MEDICAL RECORDS
213 S. DILLARD ST. SUITE 130
WINTER GARDEN. FL 34787
PHONE: 407-614-1644
FAX: 407-614-1635

NAME:_____ D.O.B: _____

Signature: _____ Date:_____