



Yearly Profile Update

Patient Full Name: _____ Date of Birth: _____

Preferred Name: _____ Email: _____

Emergency Contact's Name, Mobile, Relation: _____

SSN: _____ Marital Status: Married, Single, Divorced, Widow

Primary Mailing Address: _____ Apt/Suite # _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Primary Care Provider: _____ Occupation/Employer: _____

Pharmacy Name, Address & Phone #: _____

New Medical Problems? _____

New Surgeries? _____

New Allergies/Reactions to medications or food? _____

Did you start or stop any medication?:

- NO
- YES _____
- I take blood thinner.

Smoking status:

- Never
- Former Smoker
- Current Smoker. # Packs per day: _____

Allergies/Reactions to medications or food?:

- NO
- YES _____

Females: Are you pregnant?

- NO
- YES. How many weeks? _____
- Trying to get pregnant.
- Breastfeeding.

Complete this box if you are age 65 and above:

Pneumonia Vaccine: No Yes

Healthcare Proxy's Name _____ Phone Number _____
(Person/Family member that can make medical decisions for you if you are unable)

Do you have a Living Will or Advanced Care Directive: No Yes
(please **check one** of the following)

- Full Code – Patient wishes to have full cardiopulmonary resuscitation efforts to be made
- Do Not Intubate – Patient does NOT wish to have a breathing tube, even if it is required for life saving measures
- Do Not Resuscitate (DNR) – In the event that the patient's heart was to stop, the patient does NOT wish to have chest compressions or an automated external defibrillator to restart the heart, even if it is required for life saving measures.

Consent to ePrescribe

ePrescribing is a federally mandated initiative that requires all physicians to prescribe in this manner. ePrescribing software sends prescriptions over the internet to your pharmacy in a safe, secure way, utilizing secure technology to protect the privacy of your personal information. ePrescribing software also allows us to see important information such as drug interactions and your prescription history. The benefit to you is less confusion over handwritten prescriptions or unclear phone calls, reduced possibility of medical errors, fewer trips to drop off prescriptions at the pharmacy, and a safer, faster, easier way to get your prescription filled.

Signature of Patient or Legal Guardian _____ Date _____