Elev8 MD
WELLNESS CENTER

Patient Assessment Form

Name:(Last, First) _____
Email: _____
Address: _____
_____
Phone: () _____**Date of Birth**: _____/_____/_____
Referring Provider: _____**Specialty**: _____
Telephone Number: () _____

Current Medication(s): _____
_____
_____
_____

Do you have any medication allergies? Yes/No (If Yes, List):
_____
_____
_____

Have you had any Anesthesia Problems with you or your immediate family members? Yes/No
If yes list problems:
_____
_____

Have you been diagnosed with high blood pressure? Yes/No

Have you been diagnosed with a heart or lung disease or condition? Yes/No (if yes, List):
_____

Have you been diagnosed with any neurological conditions? (Stroke, Migraine Headaches, Epilepsy, Concussions) Yes/No (If yes, List) _____
_____

Do you have Glaucoma? Yes/No

Are you pregnant (or is there any possibility) or breastfeeding? (Females)? Yes/No

Do you have any other medical problems that have been diagnosed or treated?
Yes/No (If yes, list): _____
_____

Have you been diagnosed with any of the following? (Circle):
Depression
Post-Traumatic Stress Disorder
Schizophrenia
Obsessive-compulsive disorder
Generalized Anxiety Disorder
Bipolar Disorder
Drug or Alcohol Dependency
Fibromyalgia
Migraines or daily headaches
Reflex Sympathetic Dystrophy (RSD) or Complex Regional Pain Syndrome (CRPS)
(other): _____

Have you ever been treated at an inpatient facility for any of the above diagnosis?
Yes/No (if yes, which facility/dates) _____

Do you have a family history of psychiatric disorders and/or chemical dependency?
Yes/No (If yes, list)

_____
_____
_____
_____

Have you ever been treated with electroconvulsive therapy (ECT)? Yes/No

Please add any other pertinent personal or family health information here:

_____
_____
_____
_____
_____
_____

Personal & Lifestyle

Marriage Status _____
Emergency Contact name/ Relationship _____
Emergency Contact Phone _____
Occupation _____

I attest that the above personal health information is correct and complete:

Signed: _____ Date: ___/___/_____