



Sepulveda & Associates, PC

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PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Number: _____

Date of Birth: ____/____/____ Sex: Male Female

Marital Status: Married Single Divorced Widowed Religion: _____

Preferred Language: _____ Race / Ethnicity: _____

Primary Care Provider: _____ Tel: _____

Pharmacy: _____ Location: _____

EMERGENCY CONTACT Name: _____

Relationship: _____ Phone Number: _____

Currently Employed: YES NO Occupation: _____

Sexually Active: YES NO Sexual Orientation: Heterosexual or Homosexual

Do you have children: YES (How many? ____) NO Do you wear seatbelts: YES NO

Caffeine: _____ cups/ day (coffee, soda, tea, etc)

Drink Alcohol: NO or YES How often and how much? _____

Smoking: Never Former Current (packs per day _____)

Drug Use (i.e. Marijuana) NO or YES How often and how much? _____

ALLERGIES: (please list below) YES NO

Name: _____ Reaction: _____

Name: _____ Reaction: _____



MEDICAL HISTORY

Have you ever had any of the following?

High Blood Pressure YES NO

Diabetes YES NO

Glucose Meter (please circle) Freestyle Freestyle Lite One Touch Ultra

Other _____ how many times per day do you test? _____

Where do you get your testing supplies from? _____

Heart Attack or Chest Pain YES NO

Swelling in your feet YES NO

Surgery YES NO

Sexually Transmitted Disease YES NO

Females Only - Hysterectomy YES NO Date _____

If YES, do you still have your ovaries? YES NO Cervix? YES NO

Age of your first menstrual cycle _____ **Age you reached menopause** _____

Females Only – What is the date of your last Mammogram? _____

Females Only – What is the date of your last pap smear? _____

Males & Females – What is the date of your last colonoscopy? _____

Vaccinations & Date Received: Pneumonia _____ Flu _____ Shingles _____

CURRENT MEDICATIONS

Please provide a current list of medications or bring in ALL medication bottles for review

****We prefer your medication bottles to ensure correct dosage information, allowing us to keep you healthy and not take extra medications****