

any errors or omissions that I have made in the completion of this form.

Parent/Legal Guardian Signature (if patient under 18):

Patient signature:





## Dr. Philip Peluso

Today's Date: \_\_\_\_\_

## **Established Patient Update Form**

Patient Name:	Date of birth:	
Home phone number:	Cellphone number:	
Email:		
Do you wish to receive appointment reminders by text me □ No □ Yes, text message appointment reminders	ssage and/or email messages?  — Yes, email messages appoir	
Medical History:  Please list any regular medications that you currently take:	Do you have, or have you had any of the following medical conditions within the last 12 months? (check all that apply)	
	<ul><li>□ Cancer (any type)</li><li>□ Heart valve disorder</li></ul>	<ul><li>□ Stroke</li><li>□ Heart murmur</li></ul>
Please list any allergies or adverse reactions to any drugs or substances (including latex):	<ul><li>□ Heart surgery</li><li>□ Tuberculosis</li></ul>	□ Pacemaker □ Anemia
Are you being treated for any new medical conditions?	□ Diabetes (Type I or Type II) □ High blood pressure	<ul><li>☐ Anxiety or panic attacks</li><li>☐ Heart attack</li></ul>
Have you had any surgical procedures in the past 12 months?  □ No □ Yes, details below:	<ul><li>□ Low blood pressure</li><li>□ Kidney disease</li><li>□ Contact with HIV</li></ul>	<ul><li>☐ Hepatitis or liver disease</li><li>☐ Radiation therapy</li><li>☐ Hepatitis B or Hepatitis C</li></ul>
Do you require to take antibiotics or premedication for any procedures? □ Not applicable □ No □ Yes, explain:	□ Prosthetic implants (knee, hip, joints, etc.) □ Easy bruising or excessive bleeding □ Stemach or digestive conditions	
Are you, or is it possible that you are pregnant?  □ Not applicable □ No □ Yes  Do you smoke? □No □Yes,per day  Do you vape or use e-cigarettes? □No □Yes,per day	<ul> <li>□ Stomach or digestive conditions</li> <li>□ Transplanted organ or marrow</li> <li>□ Bronchitis, emphysema or COPD</li> <li>□ Other:</li> </ul>	