

ALFRED D. KULIK, M.D., FACS

NEW PATIENT INFORMATION

PATIENT'S NAME EXACTLY AS IT APPEARS ON DRIVER'S LICENSE OR STATE ID CARD

IF PATIENT PREFERS TO BE CALLED A NAME DIFFERENT THAN THAT ON THEIR ID, PLEASE INDICATE HERE:

IS THE ADDRESS ON YOUR DRIVER'S LICENSE OR STATE ID THE SAME AS YOUR CURRENT MAILING ADDRESS?

YES NO MY ADDRESS WILL CHANGE SOON

FOR PATIENTS UNDER 18, PARENT'S OR LEGAL GUARDIAN'S FULL NAME

HOME ADDRESS

CITY

ZIP

PATIENT'S SEX

REFERRAL

HOME PHONE

() -

CELL PHONE

() -

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT

EMAIL TEXT PHONE

DATE OF BIRTH

/ /

LAST 4-DIGITS OF SOCIAL SECURITY NUMBER

PATIENT'S PRIMARY PHYSICIAN'S NAME AND TELEPHONE NUMBER

ARE YOU A VETERAN OR IN ACTIVE MILITARY?

YES NO

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PATIENT MEDICATION HISTORY

Please list the patient's **DIAGNOSIS** and a brief description of the patient's symptoms. (For example, pain from arthritis, tingling in feet from diabetes or anxiety from stress or for no reason.)

List the names of the patient's **CURRENT** medications and dosage:

List the names of the patient's **PAST** medications (this helps Dr. Kulik and the patient determine which protocol has or has not worked for the patient in the past.)

HAS THE PATIENT HAD A HEART ATTACK WITHIN THE LAST SIX (6) MONTHS?

YES NO

CIRCLE IF THE PATIENT TAKES ANY OF THE FOLLOWING MEDICATIONS

Clozapine	Duloxetine	Naproxen	Cyclobenzaprine
Olanzapine	Haloperidol	Chlorpromazine Macrolides	Calcium Channel Blockers
Benzodiazepines	Cyclosporine	Sildenafil (and other PDE5 inhibitors)	Antihistamines
Haloperidol	Antiretrovirals	Statins, such as Atorvastatin and Simvastatin	SSRIs
Tricyclic antidepressants	Antipsychotics	Opioids (including codeine and oxycodone)	

PATIENT'S SHOULD TEXT OR EMAIL OUR OFFICE THE FOLLOWING DOCUMENTS:

- COPY OF DRIVER'S LICENSE
 MEDICAL DOCUMENTS, PRESCRIPTIONS OR MEDICAL X-RAYS RELATED TO THE PATIENT'S CONDITION

x _____
PATIENT'S SIGNATURE **DATE**