

INTERLAKE MEDICAL CENTER, PLLC
2103 152nd Ave. NE, Redmond, WA 98025 425-746-2400
NEW PATIENT GENERAL INFORMATION FORM

Name: _____

Medical History:

1. Any Past Illnesses: _____

2. Surgeries: _____

3. Allergies to Medications? YES / NO If yes, please list: _____

4. Current Medications: _____

5. Immunizations: Are you up to date on your immunizations? YES / NO

Please provide a copy of medical records if available.

Social History:

1. Married / Single / Divorced / Partnered

2. Children? / Ages: _____

3. Smoker? YES / NO

4. Alcohol? / Amount: _____

5. Coffee or tea? / Amount: _____

Family History:

1. Diabetes: _____

2. High Blood Pressure: _____

3. Heart Disease: _____

4. High Cholesterol: _____

5. Cancer: _____

Patient/ Guardian Signature: _____ Date: _____