

VASANTHA PAI, MD PC

2810 Frank Scott Parkway, Suite 716
Belleville, IL 62223
Tel: 618.355.0880 Fax: 618.355.0881

PATIENT INFORMATION

Name <i>(Last, First, M.I.):</i>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Address <i>(Street, City, State, Zip):</i>		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Primary Care Physician:	SSN:	

Would you like your medical information released to anyone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:	Relationship:	

INSURANCE INFORMATION

Primary Insurance Company:	ID Number:	Group Number:
Cardholder Name <i>(Last, First, M.I.):</i>	Cardholder SSN:	Cardholder DOB:

Secondary Insurance Company:	ID Number:	Group Number:
Cardholder Name <i>(Last, First, M.I.):</i>	Cardholder SSN:	Cardholder DOB:

PATIENT HISTORY

Reason for Visit

Past Medical History

Do you have a history of:	<input type="checkbox"/> Pacemaker <input type="checkbox"/> Artificial Heart Valve <input type="checkbox"/> Defibrillator <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Strokes <input type="checkbox"/> Colon Cancer <input type="checkbox"/> Other Cancer <input type="checkbox"/> Gastrointestinal Disorders		
Please describe:	 		
Have you had a:	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> EGD	If so, when?	

Past Surgical History

Surgery	Date

