Comprehensive Geriatric Care Registration

Patient Information

First name

Last name

MI

Street address

City

State

Zip code

Phone

Social security number

Gender

Female

Male

Date of birth

Place of birth

Pharmacy name

Pharmacy phone

First language

Other languages

Primary health insurance & number

Secondary health insurance & number

First Contact

First name

Last name

Primary phone number

Secondary phone number

Email address (use for HIPAA requires additional consent)

Second Contact

First name

Last name

Primary phone number

Secondary phone number

Email address (use for HIPAA requires additional consent

Physicians who have ongoing involvement or records

Doctor's name

Doctor's phone

Doctor's name

Doctor's phone

Doctor's name

Doctor's phone

Medication allergies or problems

Influenza vaccine ◯ yes ◯ no

Zoster vaccine ◯ yes ◯ no

Tetanus vaccine within 10 years ◯ yes ◯ no

Pneumococcal vaccine ◯ yes ◯ no

Current medication including vitamins and over-the-counter. Please have bottles out for first visit.

Please have any advance directive papers available to review and discuss at the first visit, such as living will, health care proxy, nonhospital DNR, MOLST.