

JOHN M. TALMADGE, M.D.
PATIENT INFORMATION FORM

Please fill out this form and bring it with you to your first appointment. You can also email me a scanned copy of the form, if that is more convenient for you. Also for your convenience, please download and review my practice policies and procedures. You can also read them on my website in the FAQ (frequently asked questions) section.

Identifying information:

Name:

Date of birth:

Home address:

Work address:

Home phone:

Work phone:

Cell phone:

Email address:

Other contact information you may deem relevant:

Education and occupation:

Starting with high school, where did you go to school, and when?

Describe your work, occupation, or professional status:

Family information:

Spouse, significant other, or person(s) you live with:

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Names and ages of children, if any:

Health information:

Your primary care provider(s):

Your current health problems, if any:

Medications that are prescribed or that you take regularly:

Have you had issues or problems with alcohol, prescription medications, or use of other substances? If so, have you sought help, counseling, or treatment?

Have you ever been hospitalized (for any reason)? If so, list when, where, and why briefly:

Use the remaining part of the page to describe in your own words what brings you to consult me, what your concerns are, and what you think you need in terms of help and support. I have included a second blank page for any additional notes, thoughts, or important information you may want to include.

John M. Talmadge, M.D. PLLC

(Use this page for any additional comments, questions, or concerns you have. Sometimes it's helpful to make a list of the important items you want to discuss and let me know about.)

The information on this form is confidential, and no one will see it or read it except Dr. Talmadge.