Waller Wellness Center

HCG Patient Health History

Demographic Information

Name (last, first, MI)					Social Security No.			Birthdate	
Age	Sex	Marital Status	Hom	e Phone		Work Phone			
		M / S / D	()		()		
Home Address (street, city, state and zip code) Cell Phone									
					()				
					Email Address				
Employer			e						
Emergency Contact (Name) Contact (Phone)					Who referred you?			ou?	
Personal Physician (Name and Address)						Preferred Pharmacy Name/Phone			
	,	·						·	
Office Phone:									
History									
This section is for the purpose of learning more about your health history. Please read and answer all of the following questions to the best of your knowledge.									
Reason for Consultation									
What health concern and symptoms brings you to the clinic?									