MOUNTAINSTAR
Primary Care
affiliated with Ogden Regional Medical Center

5405 South 500 East · Suite 100
Ogden, UT 84405
801-475-7966

DATE:_____

PATIENT INFORMATION FORM

The following information will be kept in strictest confidence

Last Name	First	Middle	Birthdate	Age
Street Address			Gender M F	Birthplace
City	State	Zip	Home phone	Work Phone
Employer	Occupation		Marital Status S M W D Sep	
Social Security #			Emergency Contact (name)	
Referred by			Emergency Contact (phone)	

PERSONAL HISTORY

Do you have or have you ever had any of the following conditions:

Yes	No	Condition	Yes	No	Condition
❑	❑	AIDS/HIV	❑	❑	Heart murmur
❑	❑	Alcohol/Drug problems	❑	❑	Hemorrhoids
❑	❑	Anemia/Low blood counts	❑	❑	Hepatitis
❑	❑	Arthritis	❑	❑	Hernia
❑	❑	Asthma	❑	❑	High Blood Pressure
❑	❑	Blood clots	❑	❑	High Cholesterol
❑	❑	Cancer (type:_____)	❑	❑	Infertility (difficulty getting pregnant)
❑	❑	Cataracts	❑	❑	Kidney/Bladder problems
❑	❑	Circulation problems	❑	❑	Liver disease/Jaundice/Hepatitis
❑	❑	COPD/Emphysema	❑	❑	Mental trouble/Depression/Anxiety
❑	❑	Diabetes (sugar)	❑	❑	Pneumonia
❑	❑	Easy bleeding	❑	❑	Rheumatic fever
❑	❑	Eating disorder (anorexia/bulimia)	❑	❑	Seizures/Fits/Epilepsy
❑	❑	Eczema	❑	❑	Serious injury/Serious accident
❑	❑	Genital herpes	❑	❑	Sickle cell anemia
❑	❑	Genital infections (chlamydia/gonorrhea)	❑	❑	Skin disorders
❑	❑	Genital warts/HPV	❑	❑	Stroke
❑	❑	Glaucoma	❑	❑	Thyroid problem
❑	❑	Gout	❑	❑	Transfusion (year:_____)
❑	❑	Hay fever/Pollen allergy	❑	❑	Tuberculosis (TB)
❑	❑	Headaches	❑	❑	Ulcers
❑	❑	Hearing loss	❑	❑	Other (specify:_____)
❑	❑	Heart attack/Heart disease	❑	❑	Other (specify:_____)

SURGERY/HOSPITALIZATION/ACCIDENT/INJURY HISTORY

Please list any surgeries/hospitalization/accidents/injuries and the year.

Operation/Condition Requiring Hospitalization/Accident/Injury	Year