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Richard Simmons, MD Karen Powers, MD Steven Hicks, PA-C

Name:	Age:	DOB:	
Primary Physician:			Other
Physicians:			
	Reason for Today's V	<u>isit</u>	
	Current Medical Proble	<u>ems</u>	
	Past Surgery		
	Previous Hospital or ER	<u>Visits</u>	
	Current Medication	<u>s</u>	
Medication Name	<u>Dose</u>	<u>Time(s) Taken</u>	

	Previous Medical Tests (MRI, EEG, CT Scan, etc.)						
		& Fill In All Information)					
Delivered at:weeks / Full Term / Premature							
Delivery Type: Vaginal / Scheduled C-Section / Emergency C-Section Assistance: Vacuum / Forceps							
Apgar Scores:/							
Complications After Deliv							
	istory – List Medical Pro	blem and Family Member	Affected				
<u>Family Member</u>		<u>Diagnosis</u>					
	_	_					
	With Whom Doe	es the Patient Live:					
NAME	AGE	RELATIONSHIP TO	OCCUPATION				
		<u>PATIENT</u>					
	Patient's Curr	ent Grade Level					
Grade / Hou	marchaolad / Not Vet II	- School / No Longer in Sc	shool				
Grade / Homeschooled / Not Yet In School / No Longer in School							
	Questions You H	ave For the Doctor					