NEW HORIZON MEDICAL

Patient Registration

NEW HORIZON LLC
38 Vanderbilt Ave Suite E Norwood, MA 02062

Drugs

Have you used drugs other than those for medical reasons in the past 12 months?

Yes No

Are you still using?

Yes No

Are you in a treatment program?

Yes No

Name of program:

use notes section

How many months ago did you last use?

6-12 months 12-24 months more than 24 months

Alcohol Screen

Did you have a drink containing alcohol in the past year?

Yes No

How often did you have 6 or more drinks on one occasion in the past year?

Never (0 point) Less than monthly (1 point) Monthly (2 points) Weekly (3 points) Daily or almost daily (4 points)

How many drinks did you have on a typical day when you were drinking in the past year?

1 or 2 drinks (0 point) 3 or 4 drinks (1 point) 5 or 6 drinks (2 points) 7 to 9 drinks (3 points) 10 or more drinks (4 points)

How often did you have a drink containing alcohol in the past year?

Never (0 point) Monthly or less (1 point) 2 to 4 times a month (2 points) 2 to 3 times a week (3 points) 4 or more times a week (4 points)

Household

Marital status:

single married widowed divorced not answered

Number of adults in household:

Number of children in household:

Tobacco Use/Smoking

Are you a

current smoker current every day smoker current some day smoker Smoker current status unknown former smoker nonsmoker unknown if ever smoked

How long has it been since you last smoked?

○ < 1 month ○ 1-3 months ○ 3-6 months ○ 6-12 months ○ 1-5 years ○ 5-10 years ○ > 10 years

Are you interested in quitting?

○ Ready to quit ○ Thinking about quitting ○ Not ready to quit

How many cigarettes a day do you smoke?

○ 5 or less ○ 6-10 ○ 11-20 ○ 21-30 ○ 31 or more

How often do you smoke cigarettes?

○ every day ○ some days ○ but not every day

Tobacco use other than smoking:

Are you an other tobacco user?

○ Yes ○ No

Miscellaneous:

Exercise:

○ Yes ○ No

Occupation:

○ Yes ○ No

Children:

○ Yes ○ No

Caffeine:

○ Yes ○ No

Natural support system:

○ Yes ○ No

Medications
Name of medication, dosage, frequency taken:
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Past Medical History

hypercholesterolemia

Yes No

hypothyroidism

Yes No

arthritis

Yes No

gout

Yes No

asthma

Yes No

depression

Yes No

insomnia

Yes No

obesity

Yes No

neuropathy

Yes No

seizures

Yes No

sleep apnea

Yes No

epilepsy

Yes No

cardiomyopathy

Yes No

hypertension

Yes No

hepatitis C

Yes No

irritable bowel syndrome

Yes No

lactose intolerance

Yes No
hypertriglyceridemia
Yes No
kidney stones
Yes No
heart murmur
Yes No
anemia
Yes No
anxiety
Yes No
drug abuse
Yes No
diabetes, type I
Yes No
diabetes, type II
Yes No
diverticulosis
Yes No
acid reflux
Yes No
bradycardia
Yes No
cardiac arrhythmia
Yes No
sleep disorder, chronic
Yes No
fatty liver
Yes No
glaucoma
Yes No
spinal stenosis
Yes No
ulcerative colitis

Yes No

elevated ALT/AST

Yes No

elevated Cholesterol

Yes No

vitamin B12 deficiency

Yes No

vitamin D deficiency

Yes No

hyperthyroidism

Yes No

alcohol abuse

Yes No

autoimmune disorder

Yes No

gallbladder disease

Yes No

polycystic ovary syndrome

Yes No

Family History

Mother:

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other

Father:

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other

Siblings:

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other

Maternal Grandmother:

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other

Maternal Grandfather:

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other

Paternal Grandmother:

Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other

Paternal Grandfather:

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Heart Attack ☐ Stroke ☐ Thyroid Disease ☐ Obesity ☐ Cancer ☐ Other