the allergy station
Travis A Miller MD
1478 Stone Point Drive Suite 290
Roseville, CA 95661

MEDICAL INFORMATION UPDATE 2021

Name: _____ DOB: _____

Address: _____

_____

Phone (Mobile): _____ Alternate phone (home): _____

Email: _____ Alternate email: _____

Insurance Information: No change ☐

Insurance Name: _____ Group: _____ ID: _____

Secondary Ins. Name: _____ Group: _____ ID: _____

☐ Please email/text us a copy (front/back) of your 2021 insurance card)

MEDICAL INFORMATION UPDATE

1. Have there been any changes to your medical health in the last year? No ☐ Yes ☐

   If yes, please explain: _____

   Primary care physician: _____ Other providers: _____

   _____

2. Have there been any changes to your prescription medications? No ☐ Yes ☐

   Please list all current medications and indicate new ones: _____

   _____

3. Do you have allergies/problems with any medications? No ☐ Yes ☐

   If yes, please explain: _____

4. Have you had any surgeries in the past year? No ☐ Yes ☐

   If yes, please explain: _____

5. Do you smoke, chew tobacco, or vape? No ☐ Yes ☐ If yes, do you want to discuss quitting? No ☐ Yes ☐

6. Have you or someone in your household been diagnosed with COVID-19? No ☐ Yes ☐

7. Women: Are you pregnant? No ☐ Yes ☐ If yes, what is your due date? _____

8. Do you have any specific medical concerns you would like to discuss with Dr. Miller and/or the team?

   If yes, please summarize: _____

Please list any trusted family member or close friend that we may speak to regarding your medical care:

_____

_____

We utilize a variety of tools to provide quick medical care and information: Zoom, FaceTime, email, text and others.

Please indicate your approval: Yes ☐ No ☐

Communication Preference (please list in order): _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Patient Signature: _____ Date: _____
(Parent/Guardian signature if patient is a minor)

Provider Signature: _____ Date Reviewed: _____