Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Patient Information

First: _____ Last: _____ Middle: _____

Sex: ☐ Male ☐ Female | ☐ Single ☐ Married ☐ Separated ☐ Divorced

Social Security # Date of Birth: Spouse Name:

Home Address: Apt #: City State: Zip

Home # Cell # Work # Email:

Guarantor Information (person responsible for payment of bill) ☐ If same as above check here and skip to next section

Name Relationship DOB SSN

Home Address: Apt #: City State: Zip

Employer: City: State: Zip

Occupation Cell# Work#/Email

Insurance Information

	Primary Insurance	Secondary Insurance
Insured Name:		
Insurance Company:		
Policy #		
Group #		

***If the person insured is different from the guarantor, please provide the information below so we can assist you in filing your claim**

Name: Relationship: DOB: SSN:

Home Address: Apt #: City State: Zip

Employer: City: State:Zip

Occupation Cell# Work#/Email

Emergency Contact Information

Name: Relationship to Patient: Phone #:

Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Patient Health History Form

Allergies: ☐ No allergies

Allergy	Allergic Reaction

Medications: Please List all Medications Including Prescription and Over the Counter. If you require more space list additional medications on a blank paper.

Medication	**Dose** (mg, pill, etc.)	**Times Per Day**

Vaccines:
Are you up to date on your vaccines? ☐ Yes ☐ No ☐ Not Sure

Women's Health History:

Date of Last Menstrual Cycle: _____ Age of First Menstrual Cycle: _____

Age at Menopause: _____ # of Pregnancies: _____ # Living Children _____
_____

Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Social History:

Occupation (or prior occupation): _____	☐ Retired ☐ Unemployed ☐ Disabled ☐ Full Time ☐ Part Time
Employer: _____	Do you work night shift? ☐ Yes ☐ No
Education: ☐ Less than high school ☐ High School ☐ GED ☐ More than High School	
Tobacco Use:	
Current: Packs/day_____ # of Years _____	Past: Quit Date _____ Packs/day _____ # of Years ____
Other Tobacco: ☐ Pipe. ☐ Cigar. ☐ Snuff. ☐ Chew	
Alcohol/Drug Use: Do you drink alcohol? ☐ Yes. ☐ No	# Drinks per Week: _____
Do you use marijuana or recreational drugs? ☐ No ☐ Yes – _____	
Sexual Activity: Are you currently sexually active? ☐ Yes ☐ No	
Sexual partner(s) is/are/have been ☐ Male ☐ Female	
Birth Control Method: ☐ None ☐ Condom ☐ Pill ☐ Ring ☐ Patch ☐ Injection ☐ IUD ☐ Hysterectomy/ Vasectomy	
Advanced Care Planning: I have a(n): ☐ Advanced Directive (DNR/DNI) ☐ Living Will ☐ Healthcare POA	

Preferred Pharmacy: _____

Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Personal Medical History

Disease/Condition	Current (✓)	Past (✓)	Comments
ADD/ADHD			
AIDS/HIV			
Alcoholism			
Arthritis			
Asthma			
Cancer (type: _____)			
Chronic constipation			
COPD			
Depression/ Anxiety/ Bipolar/ Schizophrenia			
Diabetes			
Ear/Hearing Problems			
Eye/Vision Problems			
Fibromyalgia			
Food/ Environmental Allergy			
Gout			
Headache/Migraines			
Heart Disease/History of Heart Attack			Year:
Heart Failure (CHF)			
High blood pressure (or taking BP medication)			
High cholesterol (or taking cholesterol medication)			
History of blood clot (DVT)			
History of stroke/TIA (mini stroke)			Year:
Hypothyroidism/ Thyroid Disease			
Kidney Disease			
Liver Disease			
Osteoporosis			
Other (GI) stomach problems			
Reflux/Heartburn			
Seizure			
Substance Abuse			

Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Family Medical History

✓ Check All That Apply	Asthma	COPD	Depression/Anxiety	Bipolar/Schizophrenia	Early Death (Before 50)	Alcohol/Drug Abuse	Diabetes	Cancer (type: _____)	Heart Disease	High cholesterol	High blood pressure	Kidney Disease	Stroke	Thyroid Disease	Migraines	Other: _____	Other: _____
Mother																	
Father																	
Brother																	
Sister																	
Child																	
Maternal Grandmother																	
Maternal Grandfather																	
Paternal Grandmother																	
Paternal Grandfather																	
Other: _____																	

Surgeries		
Type (specify left/right)	**Date**	**Location/Facility**

Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Other Providers/Specialists		
Specialist	**Name**	**Last Visit**
Cardiology		
Gastroenterology (GI)		
OB/GYN		
Neurology		
Pulmonary		
Orthopedic		
Urology		
Other: _____		

Print Patient Name: _____ Date: _____

Patient or Legal Guardian Signature: _____

Franklinton Family Medicine
810 Riverside Drive, Franklinton, LA 70438
Phone 985-289-7139 Fax 985-289-1640
Kristina Gross FNP – C
Christopher Davis FNP – C
franklintonfamilymedicine@gmail.com

Patient Communication Form

A. Family and Friends. It is the office policy of Franklinton Family Medicine not to release confidential medical information regarding your treatment to family members or friends, except for (i) parent/legal guardian, (ii) other persons authorized by the patient, (iii) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend into the exam room, we will assume, unless you object, that that person is entitled to receive information regarding your treatment), (iv) in emergency situations, or (v) other as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

B. Many of our patients allow family members, such as their spouse, significant other, parents, or children, to call and request the result of tests, procedures, and financial information. Under the requirements for HIPAA, we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical information, any diagnostic test results, and/or financial information released you must sign this form. You have the right to revoke this consent, in writing, at any time except where we have already made disclosures in reliance on your prior consent.

I authorize Franklinton Family Medicine to release my records and any information requested to the following individuals.

1. _____ Relationship to patient
2. _____ Relationship to patient
3. _____ Relationship to patient
4. _____ Relationship to patient

Authorization Regarding Messages

_____ I authorize you to leave a detailed message on my home or cell number regarding appointments

_____ I authorize you to leave a detailed message on my home or cell number regarding medical treatment, care, test results, or financial information

_____ I authorize you to leave a message with anyone who answers the phone

_____ Messages may only be left with _____

Print Name: _____ Date: _____

Sign: _____