**Health 1st Family Medicine**
Nghiep Nguyen, MD | Nhu Luong, PA-C
2212 S Post, Suite A, Midwest City, OK 73130

**PATIENT INFORMATION**

Last Name: ________________________________ First Name: _________________________ MI: _______
Date of Birth: _______/_______/_______ Age: ______ Male / Female SSN: _________________
Address: _____________________________________________________________________________________
City: _____________________________________ State: _________________ Zip: ______________
Home: (_______)_________-__________ Cell: (_______)________-___________
Employer: ____________________________ Email: __________________________________________

---

**IN CASE OF AN EMERGENCY, I GIVE PERMISSION TO NOTIFY:**

Name: ________________________________________ Phone: (_______)_________-_________________

Relationship: _________________________________________

---

**PERSON RESPONSIBLE FOR BILL (*If < 18 yo*)**

Last Name: ___________________________________ First Name: _____________________ M: ________
Date of Birth: _______/_______/_______ Age: ______ Male / Female SSN: ____________
Address: _____________________________________________________________________________________
City: _____________________________________ State: _________________ Zip: _____________
Home: (_______)_________-__________ Cell: (_______)________-___________

---

**X**____________________________________________________________ Date : _______/_______/_______

Signature of Patient/Legal Guardian

**Health 1st Family Medicine**
Nghiep Nguyen, MD | Nhu Luong, PA-C
2212 S Post, Suite A, Midwest City, OK 73130

## ACKNOWLEDGEMENT OF RECEIPT
## HIPAA NOTICE OF PRIVACY PRACTICES AND CLINIC POLICIES

A complete copy of the Facility's HIPAA Notice of Privacy Practices and Clinic Policies are posted in the facility and individual copies are available upon request.

By signing below, you acknowledge that you have **received/read** the HIPAA Notice of Privacy Practices **and** Clinic Policies.

________________________________________
Please print name

________________________________________
Signature

________________________________________
Date

*IF PATIENT IS A MINOR* ***(<18 yo)*** *OR INCOMPETENT: I hereby acknowledge that I have received/read a copy of the HIPAA Notice of Privacy Practices and Clinic Policies on behalf of the patient.*

__________________________________________________
Name: Parent/Legal Guardian

__________________________________________________
Signature: Parent/Legal Guardian

__________________________________________________
Date

**Health 1st Family Medicine**
Nghiep Nguyen, MD | Nhu Luong, PA-C
2212 S Post, Suite A, Midwest City, OK 73130

Patient Name:______________________________________ Date____________

What is the main reason for your appointment today? ________________________________________

How long have you had this problem? ____________________________________________________

Pharmacy Name & Address: _________________________________________________________

*(Please circle all that apply)*

| Personal Medical Problem: | Surgery: | Family History: |
|---|---|---|
| High blood pressure | Appendix | High blood pressure |
| Diabetes | Gallbladder | Diabetes |
| High cholesterol | C-section | High cholesterol |
| Depression/Anxiety | Hysterectomy | Depression/Anxiety |
| Seizure | Cataract | Thyroid |
| Headache/Migraine | Tonsils | Heart Disease |
| COPD | Heart stent | Cancer of ____________ |
| Arthritis | Heart bypass | |
| Heartburn | Fracture of _____________ | |
| Kidney disease | Other __________________ | |
| Thyroid | | |
| Stroke | | |
| Cancer of ________________ | | |
| Other ___________________ | | |

Social history:

Smoking: **Yes / No** Pack ______ Years _____ Alcohol abuse: **Yes / No**

Substance Abuse: **Yes / No** Type: _______________________________

Feeling down, lack of interest or hopeless? **Yes / No**

Living will, Advance Directives, Power of Attorney? **Yes / No**

Married Divorced Widowed Single

Allergies: (*Upset stomach is **NOT** an allergy*)

________________________ Reaction:_____________

Current medications:

1.________________________________________ _________mg/g How often?________________

2.________________________________________ _________mg/g How often?________________

3.________________________________________ _________mg/g How often?________________

4.________________________________________ _________mg/g How often?________________

**Health 1st Family Medicine**

Nghiep Nguyen, MD | Nhu Luong, PA-C

2212 S Post, Suite A, Midwest City, OK 73130

________lb ________in ________T ___________BP ________HR _________%