

OGUNRO HAND TO SHOULDER CENTER
OLAYINKA OGUNRO, M.D./CHARITY SHADE OGUNRO, M.D.
OLABISI OGUNRO, D.O.

PATIENT INFORMATION SHEET
THIS FORM MUST BE FILLED OUT WITH ALL APPLICABLE INFORMATION
NOTE: PATIENT IS RESPONSIBLE FOR ALL BILLS

PLEASE PRINT

Date: _____

Patient's Name: _____ SS #: _____

Single: _____ Married: _____ Separated: _____ Widow: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Date of Birth: _____ Age: _____ Sex: _____ Hm. Phone: _____

Weight: _____ Height: _____ Pharmacy Name & No: _____

Cell #: _____ E-Mail Address: _____

Race: White, Hispanic, Asian, African-American, Other _____ Ethnicity: _____

Patient's Responsible Party's Employer: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Position: _____ Work Phone: _____

Spouse Name: _____ Employer: _____

If child, parent's name: _____ SS #: _____

Nearest Relative: _____ Phone #: _____

Insured's Name: _____ SS #: _____

Insured's D.O.B.: _____

Insurance Co: _____ Phone #: _____

Group #: _____ Cert. or Policy #: _____

Drivers License #: _____ Referred By: _____

On the job injury: Yes: _____ No: _____

Claim Number: _____ Date of Injury: _____

Chief Complaint (Reason for visit): _____

Present illness, include dates and previous treatment: _____

Family History: _____

Past Medical History (diabetes, hypertension, HIV, heart problems, gastric ulcers, etc.): _____

Past Surgeries: _____

***Any Blood Borne Illness (i.e. HIV, Hepatitis C, Syphilis) Yes _____ No _____

Review of systems: (Please circle all that apply)

General: chills, fever, fatigue, night sweats and weight loss

HEENT: hearing problems, ear/nose/throat pain, congestion, runny nose, nose bleeds, hoarseness and dental problems

Cardiovascular: chest pain, palpitations, increased heart rate, orthopnea, and edema.

Respiratory: cough, dyspnea, and coughing up blood

Gastrointestinal: abdominal pain, heartburn, constipation, diarrhea and stool changes

Urinary: urgency, frequent urination, painful urination, blood in the urine, waking up at night to urinate, incontinence, stones, infection

Vascular: leg edema, leg cramping, varicose veins, thromboses/emboli

Musculoskeletal: muscle weakness, pain, joint stiffness, instability, redness, swelling, gout, except for areas of symptoms.

Neurologic: loss of sensation, numbness, tingling, tremors, weakness, paralysis, fainting, blackouts, seizures

Endocrine: heat/cold intolerance, excessive sweating, polyuria, polyphagia, excessive thirst

Personal History:

Use of drugs: Yes: _____ No: _____ How much: _____

Do you smoke: Yes: _____ No: _____ How much: _____

Do you drink alcohol: Yes: _____ No: _____ How much: _____

Current Medications You Are Taking: _____

Are you taking: Diet Pills, Vitamins or Herbs: _____

Allergies to medications: _____

Are you Right Handed: _____ or Left Handed: _____

Type of work you do? _____

Describe in detail your job duties: Example...Pushing, Pulling, Keying, Bending, Lifting (How many lbs?) and Typing.

I hereby authorize my insurance benefits to be paid to the physician and I do realize I am financially responsible for non-covered services. I also authorize the physician to release any medical information and records required in the processing of claims.

Patient's Signature

Date