



Eduardo Correa, MD - Natverlal Surati, MD

Patient Information Sheet

Today's Date: _____

Patient's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Preferred method of communication: _____ Home Phone _____ Cell Phone _____ Email

Emergency Contact: _____ Phone No: _____ Relationship: _____

Primary Race: _____ White _____ Hispanic _____ African American
_____ Asian _____ Native American _____ Pacific Islander
_____ Other Race _____ Unreported/Refuse

Ethnicity: _____ Hispanic _____ Non-Hispanic _____ Refused to Report

Language: _____ English _____ Spanish _____ Other-Specify

Current Medications:

Table with 4 columns: Name, Dose, Frequency, Reason Taken. Rows 1, 2, 3.

Allergies (Medication, Food, Environmental): _____

Preferred Pharmacy:

Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____

Electronic Prescription: Our electronic medical record program asks you as the patient to allow us to access your prescription history in order for us to safely prescribe your medication. By signing this, you authorize us to do so.

Signature: _____ Date: _____

Immunizations: Our electronic medical record program allows for your immunization data to be sent directly to the I-CARE State of Illinois Registry. I-CARE allows your providers to obtain you immunization history to ensure your safety. By signing this, you authorize us to submit this data.

Signature: _____ Date: _____