Pfenninger MEDICAL PROCEDURES CENTER P.C.

It is very important to provide accurate past and current health information for your proper care. Please let us know if this information changes in any given way at any time. Incorrect information can be dangerous to your health.

"We treat people, not just problems"...since 1989.

4800 N. Saginaw Rd., Midland, MI 48640 (989) 631-4545 Fax (989) 631-9949

Visit our website at: MPCenter.net

John L. Pfenninger, M.D.

The Medical Procedures Centers, P.C.

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MEDICAL HISTORY

It is very important to provide accurate past and current health information for your proper care. Please let us know if this information changes in any given way at any time. Incorrect information can be dangerous to your health.

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Name of personal physician: _____

City _____ State ____ Zip Code _____ Name of referring physician: _____

Employer: _____ How did you find out about our office and practice?

Occupation: _____ _____

Marital Status: M D S W No. of Children: _____ Have you visited our website? Y N

If married, name of spouse: _____ Occupation: _____

Do you want a copy of your records sent to your personal physician? Yes No A copy will be sent to the doctor who referred you also.

If yes, which physician(s) Name: _____

Address: _____

_____

Describe your overall health condition: Good Fair Poor

Are you or is there a chance you are pregnant? Yes No NA

Do you take Blood Thinners? Y N

Have a Pacemaker? Y N

Check (✔) the appropriate space for any condition you have:

	Now	Past	No
Eczema			
Artificial Heart Valve			
Heart Murmur			
Heart Surgery			
Rheumatic Fever			
Pacemaker			
Heart Disease			
High Blood Pressure			
Circulatory Problem			
Stroke			
Bleeding Tendencies			
Blood Clots			
Hay Fever/Allergies			
Asthma			
Emphysema/COPD			
High Cholesterol			
Diabetes			
Arthritis			
Osteoporosis/penia			
Gout			
Joint Replacements			
Hypoglycemia			
Thyroid Disorders			
Kidney Disorders/Stones			
Enlarged Prostate			
Hepatitis or Jaundice			

	Now	Past	No
Fainting History			
Glaucoma			
Nervous Problems			
Psychiatric Care			
Sickle Cell Disease			
Colon Polyps			
Stomach Reflux (GERD)			
Ulcer			
Malignancies/Cancers			
type _____			
when _____			
Radiation/Chemotherapy			
Anemia/Leukemia			
Seizures			
Tuberculosis (TB)			
Exposure to AIDS			
Venereal Disease			
Blood Transfusions			
Drug Abuse			
Alcohol Abuse			
Smoker? Amount_____			
Quit? When? _____			
Ever used a tanning bed?			

	Now	Past	No
Frequent Headaches			
Chest Pain			
Frequent Cough			
Shortness of Breath			
Ankle Swelling			
Slow Healing			
Rectal Bleeding			
Hemorrhoid Problems			
Weight Loss			
Fevers, Sweats			
Change in mole or skin growth			
Genital Warts			
Breast Lump			
Abnormal Pap Smear			
Unusual Uterine Bleeding			

Other Problems?
Please List: _____

_____

_____

List **allergies** to medications:
None or: _____

_____

_____

List past hospitalizations or surgeries: _____

For Women - Number of pregnancies: _____ Deliveries: _____ Miscarriages or abortions: _____ Birth Control Method: _____

List all medications you are taking: _____

Have you been told you need antibiotics before surgery or teeth cleaning? YES NO

Do you take: Aspirin? Y N Vitamins? Y N Fish or Flaxseed Oil? Y N Calcium? Y N Vitamin D? Y N

PREVENTIVE HEALTH

	Year	Result	
Last Cholesterol			
Last Bone Density Test			(men and women over 65)
Last Pap Smear			(women)
Last Mammogram			(women over 40)
Last PSA (men, prostate)			(men over 50)
Last test for blood in stool			(men and women over 50)
Last Sigmoidoscopy/Colonoscopy			(men and women over 50)
Last Cardiac Stress Test			

If you are a male smoker, over 65 y.o., did you have an abdominal ultrasound checking for aortic aneurysm? Y N

Last Physical _____
Last Tetanus (every 10 years) _____
Last Flu Shot (every year) _____
Last Pneumonia Shot (once age 65) _____
Shingles vaccine (over age 60) _____
HPV (Gardasil) vaccine _____

How well do you tolerate pain? Well OK Poorly

Do you have a tendency to faint? Y N

FAMILY HISTORY

Please list medical conditions (we DO NOT need names) that you know of in your family members listed below. Be as specific as you can, ESPECIALLY REGARDING CANCER. List cause of death (if applicable) and age at diagnosis if known.

Father's Side

Grandfather:
Grandmother:
Father:
Uncles:
Aunts:
Cousins:

Mother's Side

Grandfather:
Grandmother:
Mother:
Uncles:
Aunts:
Cousins:

PHYSICIAN COMMENTS

	How Many Alive?	How Many Deceased?	List Their Health Problems:
Brothers			
Sisters			
Sons			
Daughters			

Did you read the information provided about the procedure we're going to do today? _____

Would you like any patient education information about the procedures/surgeries we do here? _____

Any questions? _____

I grant the right to release health information obtained from me, and information about my medical treatment to third party payors, and/or other health practitioners as noted.

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned patient or legally authorized representative ("Agent") of the Patient acknowledges that he or she personally received a copy of the Medical Procedures Center, P.C.'s "Notice of Privacy Policies" on the date indicated below.

Signature: _____ Date: _____

Patient: _____

Medical History Update

(only fill out once per visit)

Date: _____

☐ No Changes

If changes, please list:

Health changes: _____

Surgeries: _____

Medications: _____

Other: _____

Patient Signature _____

Date: _____

☐ No Changes

If changes, please list:

Health changes: _____

Surgeries: _____

Medications: _____

Other: _____

Patient Signature _____

Date: _____

☐ No Changes

If changes, please list:

Health changes: _____

Surgeries: _____

Medications: _____

Other: _____

Patient Signature _____

Mission Statement:

The Medical Procedures Center, P.C. specializes in office surgery and procedural medicine. It is our goal to treat patients, not just problems. We do not replace the need for a family doctor or other primary care physicians; rather, our purpose is to assist our patients along with their doctors to improve their personal well-being.

Our mission is to provide, reliable, high quality, state-of-the-art screening, diagnosis and treatment for those needing any of a variety of outpatient procedures. We strive to limit health care costs, while including patients as an integral part of the health care decision process.

Our intent is not only to prevent disease and diagnose conditions at an early stage, but to provide procedures that improve the quality of life for our patients.