

Tammy Foster MD
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Name: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____

Primary Care doctor: _____

Address with zip:

Home phone: _____ **preferred? Yes No**

Cell phone: _____ **preferred? Yes No**

Texting ok? Yes No

Email: _____

Fax: _____

Pharmacy phone number: _____

Credit card number: _____

Exp date: _____

Emergency Contact: _____

Please do not leave contact info here if you don't want it to be used for sensitive information, including voice messages.

Notes: _____

Medical and Social History

Strict confidentiality is maintained. Please answer as honestly and thoroughly as possible.

Medical History

1. Please list medical conditions with which you have been diagnosed and what you do for each (include alternative therapies such as herbal, nutritional, Chinese medicine, acupuncture, etc). If the treatment is a drug, list the name only. There is space for the doses in a later question. Please note any admission to the hospital overnight, including for psychiatric or drug or alcohol treatment.

