

DR. KEVIN W. LOUIE

Name: _____

Height: _____ Weight: _____

Do you regularly drink alcohol? Yes No How many ounces/beers per day? _____

Do you smoke? Yes No How man packs per day? _____ How many years _____

Are you a former smoker? Yes No How long ago did you quit? _____

Are there any diseases that run in your family? If yes, please list:

Father: Yes No _____

Mother: Yes No _____

Sibling: Yes No _____

Sibling: Yes No _____

LIST ANY CURRENT MEDICAL PROBLEMS:

LIST ALL CURRENT MEDICATIONS:

NAME _____ DOSAGE _____ PRESCRIBING MD _____

NAME _____ DOSAGE _____ PRESCRIBING MD _____

NAME _____ DOSAGE _____ PRESCRIBING MD _____

NAME _____ DOSAGE _____ PRESCRIBING MD _____

LIST ANY ALLERGIES YOU MAY HAVE:

PREVIOUS SURGERIES:

YEAR _____ PROCEDURE _____

YEAR _____ PROCEDURE _____

YEAR _____ PROCEDURE _____

PHARMACY

Name: _____

Address: _____

Phone Number: _____

(OPTIONAL) REGISTER FOR OUR ONLINE PATIENT PORTAL

Email Address (Please print clearly): _____

Use this new patient portal to manage your health or the health of someone in your care, share information with a member of your healthcare team and make informed decisions about your healthcare. You will be able to use this portal to:

- **Communicate securely with your physician and office staff**
- **Request an appointment**
- **View lab results**
- **Request a prescription**
- **Access your medical history**
- **Receive appointment reminders**

Check here if you wish to decline