

Optimum

Internal Medicine & Pediatrics

MEDICAL

Binder

Patient Name: _____
Date of Birth: _____

My Primary Care Doctor: Dr. Christopher Shea Burress
My PCP Address: Optimum Internal Medicine and Pediatrics
10044 Hwy 46
Bon Aqua TN 37025
Phone: 931-996-4247
Fax: 888-814-0893
After Hours #: 615-461-0728
EHR: E-Clinical Works Patient Portal: Healow



VITAL INFO

Name: _____

Date of birth: _____

SSN: _____

Weight: _____

Height: _____

Blood type: _____

Diagnosis(es): _____

Allergies: _____

Primary Dr.: _____

Dr. Phone#: _____

Dr. Address: _____

Dr. Emergency After Hrs#: _____



Emergency Contact 1: _____

Emergency Contact 1 Ph#: _____

Emergency Contact 2: _____

Emergency Contact 2 Ph#: _____

Dentist Name: _____

Dentist Phone #: _____

Dentist Address: _____

Special NOTES:

**BRING ALL MEDS TO
EACH VISIT!**



Insurance Name: _____

Insurance Policy #: _____

Insurance Phone#: _____

Secondary Insurance Name: _____

Secondary Insurance ID #: _____

Secondary Insurance Ph#: _____

PCP WEBSITE: www.optimumimpeds.com

PLEASE GO TO OUR WEBSITE TO SIGN
UP FOR PATIENT PORTAL AND ALSO
DOWNLOAD HEALOW APP ON YOUR
SMARTPHONE TO ACCESS YOUR LABS
AND RECORDS AT ANY TIME

ALWAYS BRING COPY OF PHOTO ID
AND COPIES OF INSURANCE INFORMATION!



FAMILY HISTORY

MOTHER'S SIDE

	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
MOTHER				
MATERNAL GRANDMA				
MATERNAL GRANDPA				
SIBLING				
SIBLING				

FATHER'S SIDE

	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
FATHER				
PATERNAL GRANDMA				
PATERNAL GRANDPA				
SIBLING				
SIBLING				

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MY FAMILY

	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
ME				
SIBLING				
SIBLING				
SIBLING				
SIBLING				



STEP BY STEP

IN CASE OF AN EMERGENCY:

STEP 1: _____

STEP 2: _____

STEP 3: _____

STEP 4: _____



PERIOD TRACKER:

DATE:

NOTES:



IMPORTANT HEALTH MAINTENANCE INFORMATION

WOMEN

Past Dates to Recent Dates

Mammogram							
PAP SMEAR							
DEXA Bone Scan							
LOW DOSE LUNG CT SCAN (SMOKERS >50 PACK YEARS)							

MEN

AAA Screen (>65 Ex/Current Smoker)							
Prostate Cancer (DRE, PSA)							
LOW DOSE LUNG CT SCAN							
CAD SCREENING (EKG, Calcium Scoring >40)							

MEDICARE SCREENINGS

YEARLY WELL VISIT						
COLONOSCOPY						TYPE:
FOBT or COLOGUARD						
Mini-Cognitive Screen						
Functional Assess						
Fall Risk Assess						
Depression Screen						
Tobacco Abuse Screen						

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Alcohol Abuse Screen						
EKG						
CXR						
Pneumococcal Vaccine (>65 or High risk)						
Hepatitis B Vaccine						
Flu Vaccine						
COVID 19 Vaccine						
Cholesterol Screen						
Diabetes Screen						
Hepatitis C Screen						
HIV Screen						

Disease Specific States

DIABETES MELLITUS

DATE and DR. Who Performed

Diabetic Annual Eye Exam						
Diabetic Foot Exam (NL/ABNL)						
HgA1C (Level)						
Microalbumin/Creatinine Test (Level)						
Diabetic Statin Use						
Diabetic ACE I Use						

COPD

DATE and DR. Who Performed

Spirometry (PFT's)						
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HEART DISEASE

DATE and Dr. Treating

Beta Blocker Usage					
ACE I Usage					
Antiplatelet (ASA, Plavix)					



Appointment Notes:

Physician: _____

Issues Addressed:

NEW INSTRUCTIONS:

FOR ANY F/U IMAGES/LABS/REFERRALS:

**PLEASE CALL OFFICE IN 3 BUSINESS DAYS FROM APPT TO
VERIFY APPT DATES/ADDRESS/TIME FOR FOLLOW UPS IF WE
HAVE NOT REACHED OUT TO YOU!**

