

MEDICAL Buncer

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



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
ND COPIES OF INSURANCE INFORMATION



MEDICAL RECORD

MEDICATIONS

NAME OF MEDICINE	DOSE	<u>FREQUENCY</u>	DATE STARTED	DATE ENDED	NOTES



SURGERIES

 DATE	DOCTOR	LOCATION	NOTES

ILLNESS/DIAGNOSIS

ILLNESS/DIAGNOSIS	DATE DIAGNOSED	DOCTOR	NOTES



MILYHISTOR

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				



MY FAMILY				
IVIT I AWILL	NAME	BIRTHDATE	ILLNESS/CONDITION	AGE/CAUSE OF DEATH
ME				
SIBLING				





IN CASE OF AN EMERGENCY:

STEP 1:	-
STEP 2:	
STEP 3:	
STEP 4 :	



INCIDENTS

DATE	SEEN BY	INCIDENT	NOTES



DOCTOR VISITS

DATE	SEEN BY	REASON FOR VISIT	NOTES



SPECIALISTS

SPECIALIST NAME	PHONE#	TYPE OF SPECIALIST	REASON

SPECIALIST APPOINTMENTS

DATE SPECIALIST REASON FOR VISIT NOTES UP?



HOSPITAL VISITS

DATE	SEEN BY	REASON FOR HOSPITAL VISIT	NOTES



WELL CHECK UPS

name:						
_	AGE	DATE	HEIGHT	WEIGHT	NOTES	
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WELL CHECK UPS

VACCINATIONS

DATE	NAME	DATE	NAME



PRESCRIPTIONS

DATE	SEEN BY	PRESCRIPTION	NOTES



PHONE CALLS

DATE	PHONE #	REASON FOR CALL	NOTES



New Physician Instructions:

DATE:	PHYSICIAN:	INSTRUCTIONS:





BLOOD PRESSURE TRACKER

DATE:	BP:



PERIOD TRACKER:

DATE:	NOTES:



SLEEP TRACKER

DATE:	SLEEP # HOURS:						



VISION TRACKER

DATE:	EYE DR:	LAST EYE EXAM/ ANY ISSUES



DENTAL TRACKER

DATE:	LAST EXAM / ANY ISSUES:						



BLOOD GLUCOSE TRACKER

DATE/LEVEL:	DATE/LEVEL:	DATE/LEVEL:	DATE/LEVEL:	DATE/LEVEL:



EXERCISE TRACKER

DATE/TIME:	DATE/TIME:	DATE/TIME:	DATE/TIME:	DATE/TIME:



WEIGHT TRACKER

DATE/WT:	DATE/WT:	DATE/WT:	DATE/WT:	DATE/WT:



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)									
				ME	N				
AAA Screen Ex/Current S									
Prostate Canc PSA)	er (DRE,								
LOW DOSE LI SCAN									
CAD SCREENII Calcium Scori									
			MEDI	CARE S	CREEN	INGS			
YEARLY WELI	L VISIT								
COLONOSC	OPY						TYPE:		
FOBT or COLO	GUARD								
Mini-Cognitive	Screen								
Functional A	ssess								
Fall Risk As	sess								
Depression S	creen								
Tobacco Ab Screen									



Alcohol Abu	se Screen													
EKO	j.													
CXF	₹													
Pneumo Vaccine (>6	5 or High													
risk														
Hepatitis B														
Flu Vac														
COVID 19														
Cholestero														
Diabetes	Screen													
Hepatitis (
HIV Sci	reen													
					Dise	ase Sp	ecific S							
	DIABET	ES N	<u> IELLITUS</u>	I			1	DAT	E and	d DR. Wh	o Per	form	<u>ned</u>	
Diabetic A Ex	Annual Eyo am	e												
Diabetic I	Foot Exam ABNL)	l												
	(Level)													
Microalbum		ine												
	Statin Use													
Diabetic	ACE I Use													
			COPD			DA	ΓE and I	OR. Wh	o Per	formed			•	
Spirometry (PFT's)														
		ŀ	HEART DIS	SEAS	E]	DATE a	nd Dr	r. Treatin	ıg			
Beta Block Usage	ter													
ACE I Usaş	oe l													
Antiplatel														
(ASA, Play														



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!



MY MEDICAL TO DO LIST:

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