TREASURE COAST
Primary Care

STUART | 1980 SE Ocean Blvd. • Stuart, FL 34996 • **772-678-7043**
PORT ST. LUCIE | 1801 SE Hillmoor Dr. Suite A108 • Port St. Lucie, FL 34952 • **772-800-7340**
TRADITON | 9401 SW Discovery Way Suite 102 • Port St. Lucie, FL 34987 • **772-345-4190**

www.**tcprimarycare.com** | Secure Fax: **772-403-2379**

PREVENTATIVE MEDICAL QUESTIONNAIRE

PATIENT AUTHORIZATION AND NOTICE

____ ________________

Patient Name Date of Birth

ANSWER THE QUESTIONS AS ACCURATELY AS POSSIBLE
Please help us keep your chart up to date by letting us know which of the following you have had and the dates. If you are not sure of the date, please give an estimate. **If a question is not clear, please ask one of our staff to explain it.**

MEDICAL EXAMS/TESTS:

Colonoscopy	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Endoscopy	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Exercise Stress Test	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Nuclear Stress Test	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Stress Echo	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Echocardiogram	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Carotid Doppler	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Aortic Ultrasound	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Bone Density Scan	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Mammogram	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Pap Smear	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Sleep Study	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Chest X-ray	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Dental Exam	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Dermatology Exam	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Urology Exam	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
EKG	☐ YES	☐ NO	☐ NORMAL	☐ ABNORMAL	DATE: ______________
Flu Shot	☐ YES	☐ NO			DATE: ______________
Pneumonia Shot	☐ YES	☐ NO			DATE: ______________
Tetanus Shot	☐ YES	☐ NO			DATE: ______________
Shingles Vaccine	☐ YES	☐ NO			DATE: ______________