

Suncoast Executive Health Programsm

9407 Cypress Lake Dr., Suite C
Fort Myers Florida, 33919
Phone 239-333-3748 Fax 239-333-3750
DrBurr@concierge-physician.com

Patient Information

Name _____

Last

First

Middle _____

Gender ____ Marital Status _____

Date of Birth _____

Social Security

Number _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ WorkPhone _____

Work Fax _____ Email Address _____

Employer _____

Address _____

Occupation _____

Emergency Contact _____

Name _____ Phone _____

Personal _____

Physician _____ Phone _____

Address _____

Street

City

State

Zip code

How did you hear about Suncoast Executive Health Program?

Personal Health Information

Do you wear Glasses? Y N Do you wear Contact lenses Y N

Please list all surgeries and dates.

What illnesses if any run in your family? _____

Do you have any of the following?

Arthritis	N	Y	High Cholesterol	N	Y
Artificial Heart Valve	N	Y	Kidney Disease	N	Y
Artificial Joints	N	Y	Liver Disease	N	Y
Asthma	N	Y	Lung Disease	N	Y
Back Pain	N	Y	Macular Degeneration	N	Y
Bleeding Disorder	N	Y	Neurological Disease	N	Y
Cancer (Type)	N	Y	Pacemaker/defibrillator	N	Y
Cataracts	N	Y	Psychiatric Problems	N	Y
Diabetes	N	Y	Rheumatic Fever	N	Y
Genetic Disorder	N	Y	Seizures	N	Y
Glaucoma	N	Y	Sinus problems	N	Y
Headache	N	Y	Skin Cancer	N	Y
Heart Disease	N	Y	Stomach/Intestine Problems	N	Y
Heart Murmur	N	Y	Stroke	N	Y
Hepatitis	N	Y	Thyroid Problems	N	Y
Hearing Problems	N	Y	Tuberculosis	N	Y
High Blood Pressure	N	Y	Other	N	Y

Medications

Medications/Nutritional Supplements	Dose	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

List all allergies

Food _____

Medicine _____

Dyes/other _____

Have you ever smoked?	N	Y	
Do you currently smoke?	N	Y	How much? _____
How long? _____			
Do you drink alcoholic beverages?	N	Y	How Many? _____
Do you drink caffeinated products?	N	Y	How Many? _____

Do you follow a modified diet N Y
If yes, please
explain _____

Do you exercise regularly? N Y
Type of
exercise _____
Frequency _____
What specific concerns do you want addressed?

Immunizations

Have you had a flu shot this year (Oct-Feb)? N Y
Have you had a tetanus shot within the last 10 years? N Y
Not sure
Have you ever received the pneumonia vaccine (pneumovax)? N Y
Not sure
Have you ever received the shingles (zostavax) vaccine? N Y
Not sure

When you have completed the information form please sign and fax back to Suncoast Executive Health Program_{sm} at 239-333-3750. You will receive a follow up phone call to schedule an appointment time within three business days. For immediate service or any questions please contact Jamie Gates at 239-333-3748.

Signature _____ Date _____

Office Use:
Appointment Date _____ Time _____