

Patient Pre-Visit Worksheet

Legal Name: JEFFREY EPSTEIN

MRN (for office use): _____

Date of Birth: 1-20-53 Age: 65

Reason for Visit: _____

Medical History: None

Do you have a history of fainting or seizures? NO YES

Surgical History – Please list dates, if any: None

Allergies – Please list Reactions: None Latex: _____ Other: _____

Social History:

Highest Level of Education: _____ Occupation: _____

Marital Status (select one): Single Married Divorced Widowed Partnered

Tobacco Use: _____ Alcohol Use: _____

Illicit Drug Use: _____

Family Medical History: _____

Current Medication with Usage: _____

Is it okay to leave you a voicemail with possible confidential information: NO YES, PREF # _____

Patient Signature: _____ Date: 7-11-18

Name of Person completing this form (if not the patient): _____ Relationship to Patient: _____

Signature: _____ Date: _____