PATIENT INFORMATION

Patient Name: ____
(LAST) (FIRST) (MI)

Social Security Number: ___________________

Date of Birth: ____________________

Marital Status: ____

How many children?____

Occupation: ____

Address: ____

Phone Number: (primary) _____________________ (secondary) ______________________

Secondary Address (if applicable):

____

Employer: ____

Employer Address: ____

Spouse/Parent Name: ____

Referred by: ____

Emergency Contact: ____

Reason for visit: ____

Medicare: ____yes ____no Medicare ID #: __________________________________

WE ARE A FEE FOR SERVICE OFFICE. ALL PAYMENTS ARE DUE AT TIME OF SERVICE.

***I AUTHORIZE THE RELEASE OF ANY MEDICAL RECORDS OR OTHER INFORMATION NECESSARY TO PROCESS CLAIMS ON MY BEHALF. I AGREE TO BE FULLY RESPOSIBLE FOR ALL LAWFUL DEBTS INCURRED BY MYSELF FOR SERVICES RECEIVED FROM DR. BRIAN L. CABIN, WHETHER COVERED BY INSURANCE OR NOT.*

*(Signature)*____*(date)*_____________

BRIAN L. CABIN,M.D.,PC
772 N. COUNTRY CLUB ROAD
TUCSON, AZ 85716
(520) 319-2810
FAX: (520) 319-2814

CANCELLATION POLICY

Your time is important to us and we ask for your respect and consideration of the Doctor's time, too. We request 48 business hours notice if you need to cancel your appointment.

If you do not give us 48 hours notice, the following missed appointment fees will be charged. (Depending on which appointment is missed)

Emergencies will be considered.

$195.00 if you cancel the first appointment (the initial New Patient visit only)

$95.00 for any subsequent appointments

Our office hours are 8:30AM to 5:00 PM on Monday, Tuesday, Thursday and Friday. Please keep in mind that we are closed Wednesdays and on the weekends.

____

Signature

____

Date

MEDICAL HISTORY

Current Medications: ____

____

____

Vitamins & Supplements: ____

____

Do you currently have, or have you had in the past, a history of: (Please explain in the space allotted)

Allergies:____

Respiratory Illness:____

Frequent Infections:____

High Blood Pressure:____

Cancer:____

Diabetes:____

Heart Disease:____

Vascular Disease:____

Liver Disease:____

Kidney Disease:____

Frequent Headaches:____

Gastrointestinal Disease:____

Broken Bones(s):____

Serious Accident(s):____

Depression Sadness:____

Urinary Tract Disease:____

Menstrual Problems:____

Reproductive Disorder(s):____

Backache:____

Neck Pain:____

Visual Problems:____

Hearing Problems:____

Recent Weight Loss or Gain:____

MEDICAL HISTORY (continued)

Feeling Out of Balance:____

Weight/Nutritional Problems:____

Alcohol/Drug Dependency:____

Neurological Disorder: ____

Do you have , or have you had in the past, a close relative(Parent, Grandparent, Child, Uncle or Aunt) with the following: (Write Mother, Father, Son, Daughter, Grandmother, Grandfather, Uncle or Aunt etc. in the space below)

Heart Disease:____

High Blood Pressure:____

Diabetes:____

Gastrointestinal Disease:____

Headaches:____

Asthma:____

Allergies:____

Cancer:____

Aggressive Behavior:____

Have you ever had surgery? Please describe below:

____

____

____

____

____

____

____

Excluding the above surgeries, have you ever been hospitalized? Please explain below:

____

____

____

____

____

____

____

LIFESTYLE SURVEY

	Yes	No	Don't Know
1. I am aware of my inner stress/tension.	☐	☐	☐
2. I have difficulty relaxing.	☐	☐	☐
3. I feel that I need to do more and more in less and less time.	☐	☐	☐
4. I am often tired.	☐	☐	☐
5. I often have disturbing dreams.	☐	☐	☐
6. I smoke marijuana .	☐	☐	☐
7. I use tranquilizers.	☐	☐	☐
8. I use amphetamines or diet pills.	☐	☐	☐
9. I use some other types of non-medical drug(s).	☐	☐	☐
10. I feel that I function less than optimally due to the use of drugs.	☐	☐	☐
11. I need to become more physically active.	☐	☐	☐
12. I often eat fast foods.	☐	☐	☐
13. I binge eat.	☐	☐	☐
14. I am concerned that I may have an eating disorder.	☐	☐	☐
15. I change my eating habits based on emotions or stress.	☐	☐	☐
16. I often eat a lot of food at night before going to sleep.	☐	☐	☐
17. I have fasted.	☐	☐	☐
18. I frequently have diarrhea or constipation.	☐	☐	☐
19. I frequently have a lot of gas or abdominal pain.	☐	☐	☐
20. I often feel lonely.	☐	☐	☐
21. My emotions run my life.	☐	☐	☐
22. I usually do not feel peace of mind.	☐	☐	☐
23. It is hard for me to express my feelings.	☐	☐	☐
24. I have financial problems.	☐	☐	☐
25. I feel that "Spiritual" talk is nonsense.	☐	☐	☐
26. My family is a source of stress to me.	☐	☐	☐
27. My job is a source of stress to me.	☐	☐	☐
28. Overall, I feel a great deal of stress.	☐	☐	☐
29. I regularly eat breakfast.	☐	☐	☐
30. My diet is generally good.	☐	☐	☐
31. My job gives me satisfaction and/or a feeling of accomplishment.	☐	☐	☐
32. Overall, I am happy.	☐	☐	☐
33. I have a good self image.	☐	☐	☐

34. I have family or close friends to help support me emotionally.	☐	☐	☐
35. I am easily able to give and receive love.	☐	☐	☐
36. I primarily feel stress in my (back, chest, neck, abdomen, stomach, etc.).	☐	☐	☐
37. To relax, I ____			
38. I have used.. (underline whatever is appropriate): Meditation, yoga, breathing exercises, tai chi, aerobic exercise, self-hypnosis, other (please explain)____			
39. I would be interested in learning more about ______________________________________ for relaxation.			
40. I sleep ____ hours per night on the average.			
41. I have smoked __________________________ (type of tobacco) products for _________ Years			
42. I quit smoking _______ years ago			
43. I drink _____ beers a day, _____ cola drinks a day, _____ glasses or wine a day, _____ cups of coffee a day, ____ shots of liquor a day, ____ cups of tea a day			
44. I exercise ____ times per week, doing _________________________ (i.e. running, swimming, etc.) for approximately _____ minutes per session.			
45. My favorite form(s) or exercise is (are) ____			
46. In a typical day, i usually eat (underline appropriate responses): fresh fruit, fresh vegetables, high fiber foods (such as nuts, seeds and whole grain products), dairy products, poultry, fish, beans, red meat, sweets, fried foods, refined foods (those with white flour, sugar - or such products as white rice, packaged foods, processed foods).			