Office Records of David K. Emmel, M.D.

1260 Silas Deane Hwy Ste 110, Wethersfield, CT 06109
Tel: (860) 721-8960 Fax: (860) 563-2030

DEMOGRAPHICS

Salutation: Mr. Mrs. Miss Ms. Dr. Rev. Sex: F M Birth Date: ____________________

First Name: ____________________________ Mid Init: ______ Last Name: ______________________________

SSN: ___________________________________ E-mail Address: ______________________________________
(For insurance billing purposes only– kept confidential) (Optional; for possible future use for appt reminders, etc.)

Home Phone: ______________________________ Cell Phone: ____

Address: __________________________________ Town: ______________________ Zip Code: _____________

Employer: _________________________________ Work Phone: ______________________________________

Emergency Contact: ______________________ Phone: _______________________ Relation: ____________

MEDICAL HISTORY

	(Circle One:)		(Circle One:)
Do you wear glasses?	Yes No	Do you smoke or did you in the past?	Yes No
Do you wear contact lenses?	Yes No	Do you spend a lot of time in the sun?	Yes No

Please indicate if you have any relatives with the conditions listed below: (If yes, list relation. Ex: mother, etc.)

Diabetes: ____________________ Glaucoma: ________________ Macular Degeneration: ___________________

List any **medical conditions** you have (**NOT MEDICATIONS**):

____ ____
____ ____
____ ____
____ ____
____ ____

List any medical allergies: ____
____

CARE COORDINATION

Primary Care Doctor: _________________________________ Phone Number: ___________________________
(Full Name) (If known)

Primary Care Doctor's Address: ____
(Street Name & Town, if known)

Who referred you, or how did you find out about Dr. Emmel?: ______________________________________
(For new patients only)

Preferred Pharmacy: __________________________________ Phone Number: __________________________
(If applicable) (If known)

Pharmacy Location: ____
(Street Name & Town, if known)

I hereby agree that to the best of my knowledge the information provided above is current and true.

Signature: ____ **Date**: ____________________