

**The questionnaire for your first visit  
Barnhill Family Medicine**

Thanks for taking a few minutes to complete this brief survey. Your answers will help us provide you a higher level of medical care during your first visit.  
Dr. Frank and Staff

Your name \_\_\_\_\_ Today's date \_\_\_\_\_  
Your birth date \_\_\_\_\_

What is the medical reason for your first visit to our office?

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What medications are you currently taking?

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Are you allergic to any medicines? \_\_\_\_\_

Are you allergic to any foods? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Chew tobacco? \_\_\_\_\_ dip Snuff? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How much a day or week? \_\_\_\_\_

Please list any surgery you have had and the dates

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Please list any hospital admissions for things other than surgery

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Do you currently see any other doctor(s)? Who?

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