Infectious Disease Center
of New Jersey

568 Route 10 West, Whippany, NJ 07981 • P: (973) 535-8355 • F: (973) 535-8353 • IDCOFNJ@gmail.com • www.idc-nj.com

Patient Information

Patient Name			Date
SSN	Date of Birth	Sex: M ☐ F ☐	Marital Status M ☐ S ☐ D ☐ W ☐
Street Address	City	State:	Zip Code:
Home Phone — Can we leave message Yes ☐ No ☐		Cell Phone — Can we leave message Yes ☐ No ☐	
Work Phone		Email Address	

Financially Responsible Party

Is the patient the responsible guarantor?	Patient Relationship to Insured Self ☐ Spouse Child ☐ Other ☐	
Primary Insurance Company	Policy #	Group #
Name of Subscriber	Subscriber's SSN:	Date of Birth
Secondary Insurance Company	Policy #	Group #
Name of Subscriber	Subscriber's SSN:	Date of Birth

Emergency

Emergency Contact Name	Relationship to Patient — Can we leave message Yes ☐ No ☐	
Home Phone	Cell Phone	Work Phone

Referral

Referring Physician Name	Physician's Phone # Fax #

PCP

Primary Care Physician Name	Physician's Phone# Fax #

Pharmacy

Pharmacy Name	Pharmacy Phone:	Pharmacy Fax:
Mail Order Pharmacy Name	Pharmacy Phone	

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Date of Birth:	Visit Date:

Medications

Please list medications you are currently taking

Name	Dosage	Frequency

Allergies

Allergies	Yes ☐ No ☐

Social History

Smoke	Yes ☐ No ☐
Alcohol Use	Yes ☐ No ☐
Recreational Drug Use	Yes ☐ No ☐

Health Maintenance

Colonoscopy	Yes ☐ No ☐
EKG	Yes ☐ No ☐
Bone Density study	Yes ☐ No ☐
Mammogram	Yes ☐ No ☐
Pneumonia vaccine	Yes ☐ No ☐
Influenza Vaccine	Yes ☐ No ☐
Living will or health care proxy	Yes ☐ No ☐

Past Medical

Pain Assessment

Any pain: Yes ☐ No ☐	If yes how severe? ☐ mild (1-3) ☐ moderate (4-6) ☐ severe (7-10)
Where is the pain	
Current Symptoms	