Sayers R. Brenner, M.D., P.A.
2027 Rose Street | Sarasota, FL 34239 | 941-365-1988

CONFIDENTIAL PATIENT INFORMATION

NAME: FIRST:_____MIDDLE:_____LAST:_____
ADDRESS:STR-CITY:_____STATE:_____ZIP:_____
TELEPHONE:(Specify which I may use) HOME:_____Yes:___No:___
CELL:_____Yes:___No:___ WORK:_____Yes:___No:___
BIRTHDATE:_____BIRTHPLACE:_____NORMAL BIRTHING PROCESS?_____
MARITAL STATUS:M:__D:__W:__SPOUSE:_____SPOUSE'S AGE:_____
YR. OF MARR:_____SPOUSE'S OCCUPATION:_____
CHILDREN:(include deceased, step):NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
PARENTS: NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
SIBLINGS: NAME:_____ AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
NAME:_____AGE:_____CITY:_____
EDUCATION:_____
OCCUPATION:_____YEARS:_____EMPLOYER:_____
DOCTORS:_____
_____
When was last physical exam?:_____Last laboratory exam?:_____
MEDICAL ILLNESSES:_____
_____
_____
SURGERIES:_____
MEDICATIONS:_____
_____
PAST PSYCH. MEDS:_____
_____
PAST THERAPISTS(and when?):_____
_____
PAST PSYCH. HOSPS(when?):_____
_____
EX-SPOUSES:_____ AGE:____YR MARR'D:_____YR DIV'D:_____
_____AGE:____YR MARR'D:_____YR DIV'D:_____
_____AGE:____YR MARR'D:_____YR DIV'D:_____
REFERRED BY:_____

SIGNED:_____DATE:_____

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MEDICAL SYMPTOMS PRESENT: _____
_____
_____
_____

PAST: _____
_____
_____
_____

ADVERSE DRUG REACTIONS?: _____
_____

HEAD INJURIES?: _____
_____

CONCUSSIONS?: _____
_____

SEIZURES?: _____
_____

MENINGITIS?: _____
_____

DRUG/ALCOHOL ABUSE: PRESENT: _____
_____

PAST: _____
_____
_____

PROGRAMS ATTENDED, AA: _____
_____
_____

FAMILY HISTORY OF MENTAL PROBLEMS: _____
_____
_____

FURTHER EXPLANATIONS, IF NEEDED:

SIGNED: _____ DATE: _____