John M. Pramenko, MD, P.C.

Your Personal Care Family Doctor

2310 Nott Street East
Niskayuna, NY 12309
518-381-4133
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Registration

Name_____ Sex: M___ F___DOB_____
Address_____
City_____ State_____ Zip Code_____
Phone: Home_____ Work_____ Cell_____
Email_____ SS#_____
Race: White___ Black/African American____ Latino____ Asian____ Native American____ Other___

Head of Household / Guarantor (If different from above):
Name_____ Sex: M___ F___DOB_____
Address_____
City_____ State_____ Zip Code_____
Phone: Home_____ Work_____ Cell_____
Email_____ SS#_____

Emergency Contact:
Name_____ Phone_____
Address_____ Relationship_____

Insurance Information:
Primary Insurance_____ ID number_____
Policyholders name_____ DOB_____ SS#_____
Address (if different from above)_____

Secondary Insurance_____ ID number_____
Policyholders name_____ DOB_____ SS#_____
Address (if different from above)_____

Adult Health History

Medical Problems (check all that apply)

___ Breathing problems / Lung disease
___ Heart Disease
___Diabetes
___High blood pressure
___ Menstrual Problems
___Stroke
___Anemia
___Liver Disease
___Stomach / intestinal problems
___Skin disease
___Tuberculosis
___High cholesterol
___History of drug/alcohol abuse
___Osteoporosis
___Thyroid disease
___Blood clots
___Arthritis
___Mental Illness
___Seizures
___Kidney disease
___Sleep disorder
___Cancer – what kind? _____
___Other_____
_____

Other Medical History

Last HIV test_____
Transfusion (when)?_____
Last tetanus shot_____
Last pap smear_____
Last mammogram_____
Colonoscopy?_____
Surgeries_____ _____
_____ _____
_____ _____
Medications_____
_____
_____
_____
Allergies to medicines_____
Other allergies_____
Previous doctor_____ Where? _____

Family History (check all that apply)

___Heart disease
___Stroke
___Diabetes
___Asthma
___Tuberculosis
___Mental Illness
___Drug/alcohol abuse
___Bleeding/clotting disorder
___High blood pressure
___Anemia
___Cancer – what kind_____
___Other_____
_____