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 Tel (904) 992-1601

Patient's Name:

Patient's DOB:

Today's Date:

**For our patients:**

Has there been a change in your health, in your family history or in your social history since your last visit?

Yes  No If yes, please explain.

Has there been a change in your medications since your last visit?  Yes  No If yes, please explain.

**If you can remember the dates**, even only the year, please answer the following questions.

Please indicate dates if applicable	Date (MM/DD/YY)	Results
Date of your last colonoscopy (male & female patients)		<input type="radio"/> Normal <input type="radio"/> Abnormal
Date of your last mammogram (female patients only)		<input type="radio"/> Normal <input type="radio"/> Abnormal
Date of your last breast exam (female patients only)		<input type="radio"/> Normal <input type="radio"/> Abnormal
Date of your last pap smear (female patients only)		<input type="radio"/> Normal <input type="radio"/> Abnormal
Date of your last pelvic exam (female patients only)		<input type="radio"/> Normal <input type="radio"/> Abnormal
Date of your last prostate exam (male patients only)		<input type="radio"/> Normal <input type="radio"/> Abnormal
Date of your last PSA testing (prostate enzyme in blood)		<input type="radio"/> Normal <input type="radio"/> Abnormal

Would you like your doctor to discuss with you tests and exams which are recommended for your age and gender (like tests for cholesterol, mammograms or tests for prostate)?  Yes  No

How would you like your medical prescriptions?  Printed  Electronically to pharmacy  Pharmacy changed?

Name and location of your Pharmacy:

**For internal use only, please do not fill out this part.**

In house testing:

<input type="radio"/> Fasting lipid panel	<input type="radio"/> Flu test	<input type="radio"/> EKG
<input type="radio"/> Liver enzymes	<input type="radio"/> Group A Strep test	<input type="radio"/> Pulmonary function Test
<input type="radio"/> Blood sugar	<input type="radio"/> Mono spot	<input type="radio"/> Hemoglobin
<input type="radio"/> HbA1c	<input type="radio"/> Urinalysis	<input type="radio"/> Occult blood in stool <input type="radio"/> x1 <input type="radio"/> x3
<input type="radio"/> PT/INR	<input type="radio"/> Urine pregnancy test	<input type="radio"/>

Send out labs

<input type="radio"/> CBC	<input type="radio"/> FLP	<input type="radio"/> PT/INR	<input type="radio"/> Vitamin D	<input type="radio"/> BMP
<input type="radio"/> CMP	<input type="radio"/> HbA1c	<input type="radio"/> PTT	<input type="radio"/> PTH	<input type="radio"/>
<input type="radio"/> TSH	<input type="radio"/> Urine r micro	<input type="radio"/> Testosterone	<input type="radio"/> Calcitonin	<input type="radio"/>
<input type="radio"/> T4	<input type="radio"/> PSA	<input type="radio"/> Urinalysis	<input type="radio"/> Uric Acid	<input type="radio"/>

Medications:  i.m  i.v.

<input type="radio"/> Toradol <input type="radio"/> 30mg <input type="radio"/> 60 mg	<input type="radio"/> Vitamin B12	<input type="radio"/> Dexamethazone mg	<input type="radio"/> Nebulizer <input type="radio"/> Albuterol <input type="radio"/> Duoneb <input type="radio"/> Xopenex
<input type="radio"/> Phenergan <input type="radio"/> 12.5mg <input type="radio"/> 25mg	<input type="radio"/> Rocephin <input type="radio"/> 125 mg <input type="radio"/> 250mg <input type="radio"/> 500mg <input type="radio"/> 1000mg	<input type="radio"/> Lasix <input type="radio"/> 20 mg <input type="radio"/> 40 mg <input type="radio"/> 60 mg <input type="radio"/> 80 mg <input type="radio"/> 120 mg	<input type="radio"/> <input type="radio"/> Oxygen L/min. <input type="radio"/> <input type="radio"/>

Immunizations:

Reason for follow up:

Labs:	<input type="radio"/> Days	<input type="radio"/> Weeks	<input type="radio"/> Months	<input type="radio"/> On This Date	<input type="radio"/> Fasting
Visit:	<input type="radio"/> Days	<input type="radio"/> Weeks	<input type="radio"/> Months	<input type="radio"/> On This Date	<input type="radio"/> Fasting