

Crystal Springs Medical
 Edgar Bassig MD
 6101 Robinson Road
 Lockport, NY 14094

Demographics

Last	First	MI
SSN	Sex	DOB
Marital Status	Race	Hispanic
Student	Ethnicity	Caucasian African American Native American Asian Hispanic Non-Hispanic
Preferred Language		

Address

Street

City, State, Zip

Personal Contact

Home Phone	Work
Cell	Fax
Job Title	Email
	Employer

Emergency Contact

Contact Name	Relation	H-Phone	C-Phone	Auth Treatment?	OK to release info?
1					
2					
3					

Guarantor

Last Name	First Name	Middle
Prefix	DOB / /	Sex
Address	SSN - -	
	Relation	
City, State Zip	Country Code	
Home Phone () - () - ()	Cell Phone () - () - ()	
Work Phone () - () - ()	Extension	
Employer	Job title/status	
Note		

Select From Patient File Select From Patient Contact List Same as Patient Address

- Aortic Aneurysm
- Aortic Dissection
- Aortic Stenosis
- Atrial Fibrillation
- Cardomyopathy
- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy
- Carotid Arteriosclerosis
- Congestive Heart Failure
- Coronary Artery Disease
- Atherosclerosis of The Kidney
- Backlet Hyperactivity
- Chronic Kidney Disease
- Cystitis
- Glomerulonephritis
- Hematuria
- Incontinence
- Renal Colic
- Renal Insufficiency
- Urinary Calculus
- Vesicoureteral Reflux

- Anemia
- Gout
- Hemochromatosis
- TTP
- Sickle Cell Abnormality
- Vitamin D Deficiency
- Anemias
- Arthropathy
- Backache
- Bursitis
- Carpal Tunnel Syndrome
- Edema
- Fibromyalgia
- Fracture
- Hernia
- Intervertebral Disc Degeneration
- Lumbago
- Myofascial Pain Syndrome
- Osteoarthritis
- Osteopenia
- Osteoporosis
- Plantar Fasciitis
- Sacroiliitis
- Sciatica
- Umbilical Hernia
- Ventral Hernia

- Diabetes Mellitus Type 2
- Glucose Intolerance
- Hyperthyroidism
- Hypothyroidism
- Graves' Disease
- Hashimoto's Thyroiditis
- Metabolic Syndrome
- Obesity
- Pre-Diabetes
- Pituitary Disorder
- Diabetic Mellitus Type 1
- Acute
- Actinic Keratosis
- Atopic Dermatitis
- Contact Dermatitis
- Eczema
- Folliculitis
- Herpes Simplex
- Orychomycosis
- Psoriasis
- Roseacea
- Zoster

- Bone
- Brain
- Breast
- Colon
- Cervical
- Esophageal
- Gastric
- Lymph Node
- Laryngeal
- Liver
- Lung
- Ovarian
- Penile
- Prostate
- Rectal
- Renal
- Skin
- Melanoma
- Basal Cell
- Squamous Cell
- Testicular
- Thyroid
- Uterine
- Vaginal

- Psychiatric
- ADD
- ADHD
- Alcoholism
- Anxiety
- Bipolar Disorder
- Depression
- PTSD
- Sleep
- Insomnia
- Secondary Insomnia
- RLS
- Sleep Apnea
- Sleep Disorders Organic

- Developmental/Birth
- Autistic Disorder
- Learning Disorder
- Pervasive Dev. Disorder
- Prematurity
- Speech/Language Disorder

IV	Hep A	
IV	Hep B	
IV	HIB	
IV	HPV	
IV	Influenza	
IV	Meningitis	
IV	MMR	
IV	Pneumovax	
IV	Polio	
IV	Td	
IV	Tdap	
IV	Varicella	
IV	Zostavax	

Prior Surgery

Adrenalectomy

Appendectomy

Bladder Surgery

ABG

Blattract Surgery

Cesarean Section

Cholecystectomy

Complete Colonoscopy

Cosmetic Surgery

Dilatation And Curettage

Eye Surgery

Gastrointestinal Surgery

Gastric Bypass

Gastric Band - Laparoscopic

Gynecologic Surgery

Heart Surgery

Hemorrhoidectomy

Hernia Repair

Hernia Repair

Hysterectomy

I and D Skin Abscess

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- Laparoscopy 1
- Laparoscopy 2
- Lung Surgery
- Pancreatic Surgery
- PDCatheter Insertion
- PD Catheter Removal
- Sinus Surgery
- Surgery - Other
- Surgery - Other
- Surgery - Other
- Thyroid Surgery
- Tonsillectomy
- Tubal Ligation
- Vasectomy

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- Arthroscopy
- Neck Surgery
- Shoulder Surgery
- Wrist Surgery
- Hand Surgery
- Back Surgery
- Hip Surgery
- Knee Surgery
- Ankle Surgery
- Foot Surgery
- Orthopedic Surgery

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Breast Procedures

- Breast Surgery - Biopsy
- Breast Surgery - Biopsy
- Breast Surgery - Biopsy
- Breast Surgery - Biopsy
- Breast Surgery 1
- Breast Surgery 2
- Breast Surgery 3
- Breast Surgery 4
- Lumpectomy
- Mastectomy
- Mastectomy - Modified Radical
- Mastectomy - Partial
- Mastectomy - Prophylactic
- Mastectomy - Simple
- Reconstruction

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General Orthopedic Procedures

Social History

Occupation:

- Single
- Married
- Divorced
- Widowed
- Partner/Significant Other

Tobacco Use

- Never A Smoker
- Current Every Day Smoker
- Current Some Day Smoker
- Smoker - Current Status Unknown
- Former Smoker
- Unknown If Ever Smoked

Alcohol

- Alcohol (drinks/day)
- Beer (bottles per day)
- Wine (glasses/day)
- Hard Liquor (drinks/day)
- Social Drinker
- Recovering Alcoholic
- History Of Alcohol Rehabilitation

Drug Use

Type? (Use Browse Button)
 Using Intravenous Drugs

Lifestyle:

- Caffeine Use
- Current Diet
- History of Travel
- Good Exercise Habits
- Use of Seatbelts
- Uses Sunscreen

Other Social History

Family History

Diagnosis	Family Hx	Father	Mother	Brother	Sister	P G-Father	P G-Mother	M G-Father	M G-Mother
Breast Cancer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ovarian Cancer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other Cancer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Family History

Family History Unobtainable
 Patient Adopted
 Ethnicity _____

Other Family History
