

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	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
Suffix	SSN - -	
Address	Relation	
City, State Zip	Country Code	
Home Phone () - () -		
Work Phone () - () -		
Employer	Job title/status	
Note		

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

No Significant Past History

Allergy/Immunology

Allergic Rhinitis

Eyes/Vision

- Blindness - Legal
- Blindness - Traumatic
- Cataract
- Central Retinal Artery Occlusion
- Glaucoma
- Strabismus

Ears/Hearing

- Eustachian Tube Disorder
- Hearing Loss
- Mastoiditis
- Meniere's Disease
- Tinnitus
- TMJ Joint Dysfunction/Pain

Nose

Throat

- Laryngomalacia
- Laryngospasm

Respiratory

- Asthma
- Bronchiectasis
- Bronchiolitis
- Bronchiolitis Obliterans
- Chronic Bronchitis
- COPD
- Cystic Fibrosis
- Emphysema
- Pulmonary Embolism
- Pulmonary Fibrosis
- Pulmonary Hypertension
- Pulmonary Nodule

Cardiovascular Cont.

- Dyslipidemia
- Essential Hypertension
- Essential Hypertinglyceridemia
- Hyperlipidemia
- Idiopathic Hypertrophic Subaortic Stenosis
- Mitral Valve Prolapse
- Myocardial Infarction
- Paroxysmal Atrial Tachycardia
- Pericarditis
- PVD
- Sick Sinus Syndrome
- Sinus Bradycardia
- Supraventricular Tachycardia
- Venous Insufficiency

Gastrointestinal

- Cholelithiasis with impacted gallstone
- Colitis
- Constipation
- Crohn's Disease
- Diverticulosis
- Esophageal Reflux
- Fatty Liver
- Gastritis
- Gastrointestinal Bleeding
- Gluten Enteropathy
- Hiatal Hernia
- Hemorrhoids
- IBS
- Pancreatitis
- Peptic Ulcer
- Proctitis
- Tubular Adenoma - Colon
- Ulcerative Colitis

Male GU

- BPH
- Male Erectile Disorder
- Prostatitis
- Testes Nodule (___Cm)

Female GU

- Cervical Dysplasia
- Dysfunctional Uterine Bleeding
- Dysmenorrhea
- Dyspareunia
- Endometriosis
- Fibroids/Leiomyoma
- HPV
- Menometrorrhagia
- Menopause
- Menorrhagia
- Metrorrhagia
- PCOS
- Pelvic Inflammatory Disease
- Postmenopausal Bleeding
- Premenstrual Syndrome
- Vaginitis

Allergies

Drug:

Other:

Current Medication & Dosage

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

CardioVascular	Renal	Musculoskeletal/Connective Tissue	Endocrine	Cancer	Vaccines
<input type="checkbox"/> Aortic Aneurysm	<input type="checkbox"/> Absence of One Kidney	<input type="checkbox"/> Arthralgias; Mult Sites	<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Bladder	<input type="checkbox"/> DTaP
<input type="checkbox"/> Aortic Dissection	<input type="checkbox"/> Bladder Hyperactivity	<input type="checkbox"/> Arthropathy	<input type="checkbox"/> Diabetes Mellitus Type 2	<input type="checkbox"/> Bone	<input type="checkbox"/> Hep A
<input type="checkbox"/> Aortic Stenosis	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Backache	<input type="checkbox"/> Glucose Intolerance	<input type="checkbox"/> Brain	<input type="checkbox"/> Hep B
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Cystitis	<input type="checkbox"/> Bursitis	<input type="checkbox"/> Hypertthyroidism	<input type="checkbox"/> Breast	<input type="checkbox"/> HIB
<input type="checkbox"/> Cardiomyopathy	<input type="checkbox"/> Glomerulonephritis	<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Colon	<input type="checkbox"/> HPV
<input type="checkbox"/> Dilated Cardiomyopathy	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Edema	<input checked="" type="checkbox"/> Graves' Disease	<input type="checkbox"/> Cervical	<input type="checkbox"/> Influenza
<input type="checkbox"/> Hypertrophic Cardiomyopathy	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Hashimoto's Thyroiditis	<input type="checkbox"/> Esophageal	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Carotid Atherosclerosis	<input type="checkbox"/> Renal Colic	<input type="checkbox"/> Fracture	<input type="checkbox"/> Metabolic Syndrome	<input type="checkbox"/> Gastric	<input type="checkbox"/> MMR
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Renal Insufficiency	<input type="checkbox"/> Hernia	<input type="checkbox"/> Obesity	<input type="checkbox"/> Lymph Node	<input type="checkbox"/> Pneumovax
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Urinary Calculus	<input type="checkbox"/> Intervertebral Disc Degeneration	<input type="checkbox"/> Pre-Diabetes	<input type="checkbox"/> Laryngeal	<input type="checkbox"/> Polio
	<input type="checkbox"/> Vesicoureteral Reflux	<input type="checkbox"/> Lumbago	<input type="checkbox"/> Pituitary Disorder	<input type="checkbox"/> Liver	<input type="checkbox"/> Td
		<input type="checkbox"/> Myalgia/Myositis	Dermatologic	<input type="checkbox"/> Lung	<input type="checkbox"/> Tdap
Neurologic	Hematologic/Nutritional	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Acne	<input type="checkbox"/> Ovarian	<input type="checkbox"/> Varicella
<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Anemia	<input type="checkbox"/> Osteopenia	<input type="checkbox"/> Actinic Keratosis	<input type="checkbox"/> Penile	<input type="checkbox"/> Zosterax
<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Gout	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Atopic Dermatitis	<input type="checkbox"/> Prostate	
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Hemochromatosis	<input type="checkbox"/> Plantar Fasciitis	<input type="checkbox"/> Contact Dermatitis	<input type="checkbox"/> Rectal	
<input type="checkbox"/> Chronic Pain Syndrome	<input type="checkbox"/> ITP	<input type="checkbox"/> Sacroiliitis	<input type="checkbox"/> Eczema	<input type="checkbox"/> Renal	
<input type="checkbox"/> Dementia	<input type="checkbox"/> Sickle Cell Abnormality	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Folliculitis	<input type="checkbox"/> Skin	
<input type="checkbox"/> Headache Syndrome	<input type="checkbox"/> Vitamin D Deficiency	<input type="checkbox"/> Umbilical Hernia	<input type="checkbox"/> Herpes Simplex	<input checked="" type="checkbox"/> Melanoma	
<input type="checkbox"/> Cluster		<input type="checkbox"/> Ventral Hernia	<input type="checkbox"/> Onychomycosis	<input type="checkbox"/> Basal Cell	
<input type="checkbox"/> Migraine		Infectious	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Squamous Cell	
<input type="checkbox"/> Tension Headache		<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Rosacea	<input type="checkbox"/> Testicular	
<input type="checkbox"/> Herniated Intervertebral Disc		<input type="checkbox"/> Herpes Simplex	<input type="checkbox"/> Zoster	<input type="checkbox"/> Thyroid	
<input type="checkbox"/> Meniere's Disease		<input type="checkbox"/> HIV	Rheumatologic	<input type="checkbox"/> Uterine	
<input type="checkbox"/> Multiple Sclerosis		<input type="checkbox"/> HPV	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Vulvar	
<input type="checkbox"/> Myofascial Pain Syndrome		<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Polymyalgia Rheumatica	Psychiatric	
<input type="checkbox"/> Parkinson's Disease		<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> ADD	
<input type="checkbox"/> Peripheral Neuropathy			<input type="checkbox"/> Scleroderma	<input type="checkbox"/> ADHD	
<input type="checkbox"/> Seizure Disorder			<input type="checkbox"/> Sjogren's Syndrome	<input type="checkbox"/> Alcoholism	
<input type="checkbox"/> Stroke/CVA			<input type="checkbox"/> Systemic Lupus Erythematosus	<input type="checkbox"/> Anxiety	
<input type="checkbox"/> TIA				Bipolar Disorder	
<input type="checkbox"/> Trigeminal Neuralgia				<input type="checkbox"/> Depression	
<input type="checkbox"/> Vertigo				<input type="checkbox"/> PTSD	

- Sleep
- Insomnia
- Secondary Insomnia
- RLS
- Sleep Apnea
- Sleep Disorders Organic
- Developmental/Brith**
- Autistic Disorder
- Learning Disorder
- Pervasive Dev. Disorder
- Prematurity
- Speech/Language Disorder

Surgical History

- No Prior Surgery
- Adrenalectomy
- Appendectomy
- Bladder Surgery
- CABG
- Cataract Surgery
- Cesarean Section
- Cholecystectomy
- Complete Colonoscopy
- Cosmetic Surgery
- Dilation 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
- Kidney Surgery

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

General Orthopedic Procedures

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

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

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)

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

Lifestyle:

Other Social History

Empty text box for 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"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Ovarian Cancer	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other Cancer	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Heart Disease	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Stroke	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Hypertension	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

- Family History Unobtainable
- Patient Adopted
- Ethnicity

Other Family History

GYN History

Menstrual History

Age At Menarche (years old)

Irregular Cycles

Menorrhagia

Hormone History

Hormones

Oral Contraceptive

Fertility Agents

Menopausal History

Premenopausal

Perimenopausal

Postmenopausal

Age at Menopause:

Pregnancy History

Total of Previous Pregnancies (Gravida)

Miscarriages

Elective Abortions

Ectopic Pregnancies

Total Number Of Deliveries

Gestational Diabetes

Mammogram History

Last Mammogram

Breast Biopsy

Osteoporosis Tests

DEXA Body Composition Study

Biopsy Bone

Other:

Bra Size:

Breast Form

Colonoscopy Date

Papsmear Date