A · N · N · I · S · T · O · N
GENERAL SURGERY CENTER
Committed to providing you state-of-the-art care

1901 Leighton Avenue, Anniston, AL 36207 | (256) 240-9660 | Fax: (256) 240-9636 | www.AnnistonGeneralSurgery.com

Minor Registration

Patient's Name: _____ Date of Birth _____

Social Security: _____ Sex: _____ Race: _____

Mother's Name: _____

Date of Birth: _____ SS# _____ Race: _____

Address: _____ City_____ St _____ Zip _____

Home Ph# ( ) _____ Work Ph # ( ) _____ Cell Ph# ( ) _____

Place of Employment _____

Email Address _____@_____._____

Father's Name: _____

Date of Birth: _____ SS# _____ Race: _____

Address: _____ City_____ St _____ Zip _____

Home Ph# ( ) _____ Work Ph # ( ) _____ Cell Ph# ( ) _____

Place of Employment _____

Email Address _____@_____._____

Who referred you to us? _____

Who is your medical doctor? _____

Primary Insurance Company: _____

Contract #: _____ Group # _____

Subscriber's Name: _____ Date of birth: _____

Subscriber's SS# _____ (We must have these in order to file insurance.)

Secondary Insurance Company: _____

Contract #: _____ Group # _____

Subscriber's Name: _____ Date of birth: _____

Subscriber's SS# _____ (We must have these in order to file insurance.)

Family History: Has any blood relative ever had? Please Check.

❑ Breast Cancer ❑ High Blood Pressure ❑ Colon Cancer ❑ Stroke ❑ Tuberculosis

❑ Bleeding Disorder ❑ Diabetes ❑ Artery Disease ❑ Heart problems

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Personal History: Check all that apply to you (past or present)

HEENT
- ❑ Eye disease
- ❑ Eye injury
- ❑ Impaired sight/corrective lenses
- ❑ Impaired hearing
- ❑ Sinus disease
- ❑ Sore throat
- ❑ Dental disease
- ❑ Nasal obstruction
- ❑ Neck pain, stiffness, swelling

RESP
- ❑ Chronic cough/coughing up blood
- ❑ TB
- ❑ Lung disease
- ❑ Wheezing
- ❑ Asthma
- ❑ Sputum production

CV
- ❑ Chest pain
- ❑ High blood pressure
- ❑ Shortness of breath
- ❑ Heart trouble
- ❑ Carotid artery disease
- ❑ Leg artery disease
- ❑ Leg swelling
- ❑ Palpitations

GI
- ❑ Abdominal pain
- ❑ Ulcers
- ❑ Rectal bleeding
- ❑ Hemorrhoids
- ❑ Indigestion
- ❑ Heartburn
- ❑ Liver disease
- ❑ Gallbladder disease
- ❑ Gallstones
- ❑ Colitis
- ❑ Spastic colon
- ❑ Appendicitis
- ❑ Diarrhea
- ❑ Constipation
- ❑ Black tarry stools
- ❑ Persistent nausea

GU
- ❑ Urinary tract infections
- ❑ Frequent urination
- ❑ Blood in urine
- ❑ Burning with urination
- ❑ Urgency to urinate
- ❑ Kidney infections
- ❑ Kidney stones
- ❑ Prostate trouble

MS
- ❑ Arthritis
- ❑ Back pain
- ❑ Chronic muscle pain

ENDO
- ❑ Weight gain
- ❑ Weight loss
- ❑ Diabetes, insulin/non-insulin
- ❑ Thyroid disease

NEURO
- ❑ Depression
- ❑ Anxiety
- ❑ Black outs
- ❑ Dizziness
- ❑ Headaches
- ❑ Seizures
- ❑ Concussion or head injury
- ❑ Numbness
- ❑ Stroke

HEMO
- ❑ Anemia
- ❑ Frequent infection
- ❑ Free bleeder
- ❑ Blood clots
- ❑ Fever
- ❑ Night sweats
- ❑ Cancer Where? _____

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Do you sleep well?	❑ Yes	❑ No
Do you use alcoholic beverages?	❑ Yes	❑ No
Do you exercise enough?	❑ Yes	❑ No
Is your diet well balanced?	❑ Yes	❑ No
Do you smoke?	❑ Yes	❑ No

If yes, how many packs per day? _____

As the parent/guardian of this minor I hereby assign all medical benefits under my insurance policy to Clifford P. Black, Jr.,MD, PC (excluding all monies paid by myself). I am responsible for any unpaid balance, (i.e., deductibles, co-payments, coinsurance, non-covered services, and collections costs which would include reasonable attorney fee and court costs in the event that fees are turned over to an attorney for collection.)

*I agree to keep Clifford P Black Jr., MD, PC aware of any address or phone number changes.

Parent/Guardian's Signature: _____ Date: _____

All of the above information remains accurate on this date:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____