East Valley Diabetes & Endocrinology
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Dr. Devendra Wadwekar MD
Dr. Kristina Blohm MD | Irene Irby NP
Dr. Abhilasha Singh MD
Jena Wilkinson NP | Vincent Liou PA-C
Kristina Kirchgessner PA-C

Patient Name: ________________________ Date of Birth: _____/_____/_______ Phone: (_____)_____-___________

Medications (Please list all you're currently taking): ___ Copy of medication list attached

Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____
Name:____ Strength:____

Personal medical history:

Allergy:______________________________________ Reaction:_____________________________________
Allergy:______________________________________ Reaction:_____________________________________
Allergy:______________________________________ Reaction:_____________________________________
Allergy:______________________________________ Reaction:_____________________________________
Surgery/Procedure: _______________________________________ Date: ____________________________
Surgery/Procedure: _______________________________________ Date: ____________________________
Surgery/Procedure: _______________________________________ Date: ____________________________
Surgery/Procedure: _______________________________________ Date: ____________________________

Previous medical diagnoses/symptoms (if applicable):

____
____
____
____

Family medical history (Mother/Father/Siblings):

____
____
____
____

Tobacco use? ___Yes ___No

PLEASE TAKE THIS INTO THE ROOM WITH YOU