



1511 NORTHWAY DRIVE - SUITE 103 - ST CLOUD MN 56303
PHONE: 320.227.5000 FAX: 320.227.5025

New Patient Questionnaire

Name: _____

Allergies: _____

Tobacco use: YES NO

Alcohol use: YES NO

Drug use: YES NO

Current Medications - including over the counter - Please include name, dose and frequency.

(If you have a medication list with you please show to nurse vs writing in.)

Preferred Pharmacy: _____

Current Diagnosis:

Surgical History:

Family History:
