

Quality Medicine LLC, W. Scott Curtice MD

3 Crestview Dr., Lower Level

Westerly, RI 02891

Office (401) 602-7031 Fax (877) 651-1396

QualityMedicineRI@gmail.com

Name _____

DOB _____ Age _____

Social Security # _____ - _____ - _____ Sex M F Cell# _____

Address _____

Home Ph# _____ Email _____

Marital Status _____ Preferred Method of Communication: Phone Email Mail

Pharmacy _____

Employer _____ Phone _____

Insurance _____ Policy# _____

Emergency Contact _____ Relation _____

Address _____ Phone# _____

Medications

Name	Dosing
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Surgical History

DATE	Reason	Doctor
____/____/____	_____	_____
____/____/____	_____	_____

DATE ____/____/____ Reason _____ Doctor _____

DATE ____/____/____ Reason _____ Doctor _____

Allergies

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Tobacco Use: Y N Alcohol Use: Y N

Daily Aspirin: Y N

Previous Medical History

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Family History	Medical Issues	Alive	Cause of Death	Age
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Mother	_____			
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Father	_____			
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Brother	_____			
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Sister	_____			
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Other Information

PCP _____

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Specialists _____

Notes _____

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