Carmine J. DeFusco M.D., P.A.

Allergy & Asthma
224 Taylors Mills Road Ste. 103
Manalapan, N.J. 07726
Tel 732-462-0666 Fax 732-462-0992

Patient Intake Form

Patient's Name_____

Mailing Address_____

_____

Home #_____ **Cell #**_____

Contact Preference: Home Cell

E-mail Address: _____

Sex: M F **Height**: _____ **Weight**: _____

Smoking Status: Every Day Socially Former Never

Marital Status: Single Married Divorced Widowed

Race: White Asian African American Indian

Ethnicity: Not Hispanic Hispanic/Latino Mexican Puerto Rican

Primary Care Dr: _____

Preferred Lab: LabCorp Quest Centra State Jersey Shore

Local Pharmacy Name & Address: _____

Mail Away Pharmacy: CVS Caremark Express Scripts Optum Other_____

Daily Medications: _____

_____

_____

Medication Allergies: None Penicillin Sulfa Aspirin Other_____

Prior Surgeries & Dates: _____

_____

Medical Conditions: High Blood Pressure High Cholesterol Diabetes Migraines Urticaria Other_____ _____ _____

Reason for your visit: Yearly Visit Allergies Asthma Hives Sinusitis Vial Visit Congestion Allergic Reaction Form Completion Medication Refill