Dr. Vikram Tarugu
201 SW 16th Street
Okeechobee Fl, 34974
(863)824-3447

Patient Information:

Name: _____
First M.I. Last

Email Address: _____ Phone #: _____

Date of Birth: _____ SSN: - - Male: ☐ Female: ☐
Month/Day/Year

Address: _____ City/State: _____ Zip: _____

Parent/Guardian or Spouse Information:

Name: _____
First M.I. Last

Email Address: _____ Phone #: _____

Address: _____ City/State: _____ Zip: _____

Primary Care Physician: _____ **Pharmacy:** _____

Insurance Information:

Insured Name: _____
First M.I. Last

I hereby authorize the above doctor/doctors to furnish to the insured's insurance company all information which said insurance may request concerning my present claim, including chart notes. I hereby assign to the doctor all money to which I am entitled for expenses relative to the services performed from time to time, but not to exceed my indebtedness to said doctor. It is understood that any money received from the above named insurance company over and above my indebtedness will be refunded to me when my bill is paid in full. I understand that I am financially responsible to said doctor for charges not covered by this assignment. If treatment is provided to a minor, consent is authorized by a legal guardian.

_____
Signature Date

NO SHOW POLICY

We regret that patients must sometimes wait a lengthy time to be seen by a physician. Due to the high demand of appointments and in order to be respectful of the medical needs of all of our patients please be courteous and call our office promptly if you are unable to attend an appointment.

If you are unable to keep your scheduled appointment, we require 24 hour notice.

There will be a $50 charge for every OFFICE VISIT missed without proper notification

There will be a $250.00 charge for every PROCEDURE missed without proper notification

Signature: _____ Date:

Medical Information

Name	
Date of Birth	

Allergies to Medications

Medication Name	Reaction

Medication List

Medication Name	Dose	Frequency

Medical History

Diagnosis

Surgical History

Social History

Tobacco Smoking Status:		
Never Smoked	Current smoker	Former Smoker
Alcohol Use:		
Non Drinker	Current Drinker (how much)	Former Drinker
Drug Use:		
Never used Drugs	Current Drug user (what type)	Former Drug user (what type)

Family History

Condition	Example	Family member
Heart disease	HTN, stroke, LBP, ECT	
Diabetes	Type 1, Type 2	
Gastro	GERD, crohn's, celiac, colitis, polyps, ECT	
Cancer	breast, bladder, kidney, prostate, colon, stomach, esophageal, lung, neck, mouth, skin, ECT	