

truForm Usage Instructions

To use this form you must have Acrobat Reader 5 or greater installed.

[Click here](#) to download the current version of Adobe Acrobat Reader.

- Use the tab key to move from form field to form field.
- To enter in text, tab to (or click in) the area you wish to type in and begin typing.
- To check off choices on the form (yes/no type), click in the boxed or underlined area and an “x” or check mark should appear.
- To print out a copy of the form to retain for your records, click on the “Print Form” button toward the bottom of the last page.
- To send the completed form to our office, click “Submit Form” button toward the bottom of the last page.

If you experience difficulty submitting this form, please follow these directions:

1. **Print the form.**
2. **Complete with black pen and bring the form to the office at the time of your appointment.**
3. **If you do not have a printer, you can fill out the form at the office prior to your appointment.**

Please fill out the form as completely as possible. If you have any questions, please contact your doctor.

For your protection:

This form is hosted on a secure server and can only be viewed by our office. Please feel confident in filling out this form, as all of your information will be kept safe at every step of the process. *This form follows HIPAA compliancy rules to ensure the security of your information.*

Do You Have Any Allergies to Medications?

None _____

If yes, please list medication and reaction _____

List All Prescribed and Over-The-Counter Drugs:

Drug Name	Strength	Frequency Taken

Current or Past Illnesses or Disorders:

No Yes

Brain/ Nervous System (seizures, strokes, numbness, tingling, epilepsy)		
Ear/ Nose/ Throat (glasses/contacts, glaucoma, sinus trouble, eye dryness)		
Breast (fibro-cystic disease, tumors)		
Lungs (asthma, emphysema, persistent cough, lung disease)		
Heart (irregular heartbeat, high blood pressure, heart attacks, by-passes)		
Stomach/ Intestines (decreased appetite, Hiatal hernias, ulcers, spastic colon)		
Liver (hepatitis, Gall bladder, obstructions)		
Blood (bleeding disorders, hepatitis, anemia, HIV positive)		
Kidney/ Bladder (frequent infections, stones)		
Reproductive (ovarian cysts, fibroids, ectopic pregnancies)		
Endocrine (diabetes, thyroid- hyper or hypo)		
Face (difficulty opening jaws, paralysis)		
Arms/ Legs (peripheral vascular, deformities, abnormalities)		
Bones/ Joints (Polio, MS, MD, arthritis, stiff neck)		
Skin (masses, blisters, eczema)		
Psychiatric (anxiety, depression, other)		

ANY ADDITIONAL INFORMATION WE NEED TO KNOW