



**PATIENT PROFILE**  
**ANDREW S. FLOREA M.D., INC.**

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Patient Name: \_\_\_\_\_aa\_\_\_\_\_ Today's Date: \_\_\_\_\_  
D.O.B \_\_\_\_\_ Gender:  Male  Female

***I. Patient Contact Information***

Patient Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

***II. Tell us what matters to you most***

What area would you like to enhance or address?

How long have these areas been of concern?

***III. A little bit more about you***

What medications or supplements (prescribed and non-prescribed) are you taking?

Please list any medications that you are allergic to and describe the reaction, if any.

Where you referred to see Andrew S. Florea M.D., Inc. if so, whom?

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardiologist's Phone number (if applicable): \_\_\_\_\_

May we contact your physician(s) in order to obtain a medical clearance if necessary?  Yes  No

Did anyone accompany you to the consultation today?  Yes  No

If so, who? \_\_\_\_\_

Are you interested in having a consultation today?  Yes  No