

Dr. Stephen Pokowicz
846 Church Street
Hawley, PA 18428
(570) 226-4050 phone
(570) 226-8217 fax

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Best Phone: _____

Medical Doctor: _____ Phone: _____

Last Medical Visit: _____ Last Blood Test: _____

Any recent x-ray or MRI: No Yes: (date & facility) _____

How did you hear about our office: _____

Single Married Divorced Widowed

Spouse: _____ DOB: _____

Race: American Indian/Alaskan Native Asian African American Hawaiian/Pacific Island

White Mixed 2 or more races Choose not to Identify

Ethnicity: Hispanic/Latino non-Hispanic Choose not to Identify

Tobacco History: Current Smoker Former Smoker Never Smoked

Surgeries: _____

Allergies to Medication: _____

Allergies: _____

Medications:(List?) _____

Past Medical History: Asthma Diabetes Thyroid High Blood Pressure HIV Hepatitis

Heart/MI Cancer _____ Stroke/TIA Seizure Disorder Prostate Gynecological

Other: _____

Chief Complaint (s): _____ Pain Scale:1 2 3 4 5 6 7 8 9 10

_____ Pain Scale:1 2 3 4 5 6 7 8 9 10

_____ Pain Scale:1 2 3 4 5 6 7 8 9 10

How did it happen? _____

Aggravated by? _____

Relieved by? _____