

CLUE #1

RGH Laboratory
Patient Services
2020 Rochester Road
East Irondequoit, NY 14618



New Patient Medical History Form

Patient Name: <i>Jailyn Jenkins</i>	Date of Visit: <i>03/20/19</i>
Date of Birth: <i>2/18/90</i>	Social Security Number: <i>555-12-3456</i>
Address: <i>123 Rochester Avenue</i>	Emergency Contact: <i>Carlos Jenkins</i>
Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Employer: <i>Food Link Inc.</i>	Occupation: <i>Public Outreach</i>

Medical History

Please list any medications you are currently taking: <u><i>daily women's multi-vitamin,</i></u> <u><i>occasional Advil</i></u>	Please list any allergies: <i>pollen, Latex</i>
Have you traveled outside of the country in the past 3 months? <i>No</i>	
Have you had any surgeries? <i>Yes. I've had my appendix removed.</i>	
How often do you drink alcohol: <input checked="" type="checkbox"/> Never <input type="checkbox"/> 1-2 drinks a week <input type="checkbox"/> 3-7 drinks a week <input type="checkbox"/> 8+ drinks a week	

Fertility Information

Do you have any children? <u><i>No</i></u>
Have you been able to conceive in the past? <u><i>No</i></u>
Have you ever had a miscarriage? <u><i>No</i></u>
Have you ever sought fertility treatments before? <u><i>No</i></u>

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New Patient Medical History Form

Patient Name: <i>Carlos Jenkins</i>	Date of Visit: <i>March 20, 2019</i>
Date of Birth: <i>8/23/85</i>	Social Security Number: <i>987-65-4321</i>
Address: <i>123 Rochester Avenue</i>	Emergency Contact: <i>Jailyn Jenkins</i>
Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Employer: <i>Westfall Dental</i>	Occupation: <i>Dental Hygienist</i>

Medical History

Please list any medications you are currently taking: <u>protein supplements, daily multi-vitamin, occasional Tylenol</u>	Please list any allergies: <i>None</i>
Have you traveled outside of the country in the past 3 months? <i>Yes- Montreal Canada</i>	
Have you had any surgeries? <i>Yes- I tore my ACL training in 2009 and had surgery to repair it</i>	
How often do you drink alcohol: <input type="checkbox"/> Never <input type="checkbox"/> 1-2 drinks a week <input checked="" type="checkbox"/> 3-7 drinks a week <input type="checkbox"/> 8+ drinks	

Fertility Information

Do you have any children? <u>No</u>
Have you been able to conceive in the past? <u>No</u>
Have you ever had a miscarriage? <u>N/A</u>
Have you ever sought fertility treatments before? <u>No</u>