

# FAIRVIEW CLINIC, P.C.

*Specializing in Internal Medicine*

Doctors Building, Suite 303  
1118 Ross Clark Circle  
Dothan, Alabama 36301

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Thank you for choosing a physician at Fairview Clinic to be your healthcare provider. We want to give each patient the amount of time necessary to address their medical concerns during appointments.

Unfortunately, we sometimes cannot predict how much time will be needed and this can cause us to run behind. In addition, there are times when emergencies at the hospital require our doctors to leave the office on the spur of the moment.

We realize that you have a schedule to keep as well. We strive to stay on time for our scheduled appointments. We aim to inform you when we are running behind. Please let the front desk know if you have waited more than twenty (20) minutes in the lobby.

In order to provide the care that you need and to respect the time of all involved, we will see patients in the following order of priority:

1. **EMERGENCIES:** patients requiring urgent attention will ALWAYS be first priority.
2. **APPOINTMENTS:** patients who have scheduled appointments will be seen in as timely a manner as possible.
3. **WORK-INS:** patients needing to be seen on any given day when there are no more appointment slots will be advised of the best time to come and be worked-in to the day's schedule.
4. **WALK-INS:** patients who walk in without an appointment and without first calling to see what time they can be worked-in, will be seen after patients with scheduled appointments as well as after those who have called ahead. We will see walk-in patients as soon as possible, but we will not *bump* scheduled patients to later times, or delay start times, admissions, ER visits, etc., to accommodate walk-in patients.
5. **LATE ARRIVALS:** patients who arrive more than ten (10) minutes after their scheduled appointment time will be treated as walk-in patients. Please arrive on time for your appointment so that we may stay on schedule for everyone.

We understand that there will be times that you will not be able to wait if we are running behind. We will be happy to assist in rescheduling an appointment if you so desire. Please feel free to speak with the front desk clerk to do so. We appreciate the opportunity to be your healthcare provider. Thank you.

— "Quality Care Through Service, Education, and Patient Participation" —





# FAIRVIEW CLINIC

Doctors Building, Suite 303 • 1118 Ross Clark Circle • Dothan, Alabama 36301-3034  
Telephone: (334) 794-3192 • FAX: (334) 792-7513

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: S M W D  
Last First Middle M D Y

How do you wish to be addressed?: \_\_\_\_\_

FAMILY HISTORY	Age	If Living, Health	Age	If Deceased, Cause	Has any blood relative ever had:	Please Circle		Relation? Type?
						No	Yes	
Father					Cancer	No	Yes	
Mother					Tuberculosis	No	Yes	
Brother or Sister	1.				Diabetes	No	Yes	
	2.				Heart Trouble/Bypass Surgery	No	Yes	
	3.				Pacemaker	No	Yes	
	4.				Hypertension	No	Yes	
	5.				Kidney Failure	No	Yes	
	6.				Stroke	No	Yes	
	7.				Seizures	No	Yes	
Husband or Wife					Alcoholism	No	Yes	
					Nerve Problems	No	Yes	
Children	1.				Asthma/Emphysema	No	Yes	
	2.				Thyroid Trouble	No	Yes	
	3.				Pernicious Anemia	No	Yes	
	4.				Cirrhosis	No	Yes	
	5.				Senility	No	Yes	
	6.				Depression/Suicide	No	Yes	
	7.				Rheumatoid Arthritis	No	Yes	

### PAST HISTORY

**SURGERY:** List Surgical operations you have had with dates (year only) and details you know: (specify Broken bones)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS MEDICAL HOSPITAL ADMISSIONS:** List previous medical admissions in order by date, hospital, and reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL HISTORY

**ILLNESS:** Have you had: (circle yes or no)

Pneumonia	No	Yes
Whooping Cough/Diphtheria	No	Yes
Measles	No	Yes
Influenza	No	Yes
Rheumatic Fever, Polio, or Meningitis	No	Yes
Kidney Disease	No	Yes
Clap, Gonorrhea, Herpes, or Syphilis	No	Yes

Anemia	No	Yes
Tuberculosis	No	Yes
Diabetes	No	Yes
Cancer (Type)	No	Yes
Heart Attack/Valve Problems	No	Yes
Asthma, Hay Fever, or Sinusitis	No	Yes
Shingles	No	Yes
Colon Polyps	No	Yes
Ulcers	No	Yes

**ALLERGIES:** Are you allergic to: (circle any)  
 Penicillin Tetracycline Sulfa Demerol  
 Aspirin Codeine Morphine Mycins  
 Tetanus Antitoxin Serums

Are you allergic to any other drugs? \_\_\_\_ No Yes

What are they? \_\_\_\_\_  
\_\_\_\_\_

Any foods, milk, eggs? \_\_\_\_\_  
**PERSONAL HEALTH**  
Weight: Now \_\_\_\_\_ One year ago \_\_\_\_\_  
Maximum \_\_\_\_\_ When was this? \_\_\_\_\_

**TRANSFUSIONS:** Have you ever had a blood or plasma Transfusion? No Yes

When? \_\_\_\_\_ # of units? \_\_\_\_\_

Have you ever been tested for AIDS virus? No Yes

Would you like to discuss this further? No Yes

**XRAYS:** Have you ever had X-rays of: (Please specify year last done)

Chest/Mammogram	No	Yes
Upper GI or Barium Enema	No	Yes
Gall Bladder	No	Yes
Cat Scan/MRI	No	Yes

**ENDOSCOPY:** Have you ever had:  
Upper Endoscopy (Light looking into the stomach)? No Yes

Colonoscopy (Light looking into colon) No Yes

**HEART TEST:** Have you ever had: (Please specify year last done)

EKG	No	Yes
Stress Test (GXT)/Thallium	No	Yes
Echocardiogram/Cardiac Catheterization	No	Yes
24 Hour Holter Monitor	No	Yes

**IMMUNIZATIONS:** Have you had:

Flu Vaccination	No	Yes
Pneumonia Vaccination	No	Yes
Tetanus Vaccination	No	Yes
Pertussis Vaccination	No	Yes

