



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Caring for You. Caring for Our Community.

Patient Welcome & Intake Packet

W **Welcome to Altamonte Medical Associates**

Thank you for choosing Altamonte Medical Associates, P.A. We are honored to participate in your healthcare and look forward to serving you with attentive, personalized internal medicine care.

D **Our Physicians**

Gary M. Sturn, M.D.

Board Certified Internal Medicine

Stephen N. Sturn, M.D.

Board Certified Internal Medicine

S **Our Services**

Preventive care

Medicare wellness

Hypertension care

Chronic disease management

Internal medicine

Diabetes care

Thyroid disorders

Telemedicine

L **Office Locations**

Altamonte Springs Office

631 Palm Springs Drive, Suite 117

Altamonte Springs, FL 32701

Orlando Office

1864 N. Alafaya Trail, Suite B

Orlando, FL 32826



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Please print clearly.

Patient Registration & Insurance

1 Patient Information

Full Legal Name

Preferred Name

Date of Birth

Cell Phone

Home Phone

Email Address

Preferred Language

Preferred Communication Method

Street Address

City

State

ZIP

Reason for Visit Today

2 Insurance & Emergency Contact

Emergency Contact Name

Relationship / Phone

Primary Insurance

Member ID / Group #

Subscriber Name

Subscriber Date of Birth

Secondary Insurance

Secondary Member ID

Preferred Pharmacy / Phone



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Current medical conditions and preventive care history

Medical History

+

Current Medical Conditions - Check All That Apply

- | | | |
|--|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Heart failure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> GERD/reflux | <input type="checkbox"/> Other |

N

Other Medical Conditions / Details

Please list additional conditions or details

P

Preventive Screening History

Colonoscopy

Date: _____

Result/comments: _____

Pap smear

Date: _____

Result/comments: _____

PSA

Date: _____

Result/comments: _____

Mammogram

Date: _____

Result/comments: _____

Bone density

Date: _____

Result/comments: _____

Recent vaccines / immunizations

Date: _____

Result/comments: _____



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Surgeries, procedures, and hospitalizations

Surgical History

S Surgeries / Procedures

Surgery / Procedure	Year	Hospital / Surgeon

H Hospitalizations / Major Illnesses

Reason	Year	Hospital / Notes



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Allergy and family history information

Allergies & Family History

A

Allergies

Drug / Food / Other Allergy	Reaction

F

Family History

Family Member	Medical History

Common conditions to mention: diabetes, high blood pressure, heart disease, stroke, cancer, thyroid disease, autoimmune disease.



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Lifestyle information and wellness screening

Social History & Wellness

S

Social History

Occupation _____

Tobacco use: Never / Former / Current - amount _____

Alcohol use: Never / Occasional / Regular - amount _____

Exercise habits _____

Recreational drug use: No / Yes _____

Advance directive: Yes / No _____

W

PHQ-2 Depression Screening and Fall Risk

Over the past 2 weeks, how often have you been bothered by:

Question	0 Not at all 1 Several days 2 More than half 3 Nearly every day
Little interest or pleasure in doing things	
Feeling down, depressed, or hopeless	

Have you fallen in the past year?

Do you feel unsteady when standing or walking?

Need help with bathing, dressing, medications, shopping, transportation, or finances? _____



ALTAMONTE MEDICAL ASSOCIATES, P.A.

Patient policies and final acknowledgement

Policies & Signatures

P

Practice Policies & Acknowledgements

HIPAA Acknowledgement:

I acknowledge receipt of the Notice of Privacy Practices.

Communication Consent:

I authorize communication by telephone, voicemail, text message, and email regarding appointments, billing, care coordination, and practice communications.

Financial Policy:

Copayments, deductibles, coinsurance, and non-covered services are patient responsibilities.

Records Release:

I authorize exchange of medical information needed for treatment, payment, and healthcare operations.

Telemedicine:

Telemedicine may be offered when clinically appropriate and may not be suitable for all visit types.

Patient / Responsible Party Signature _____

Date _____

AI

Artificial Intelligence (AI) Scribe Consent

Altamonte Medical Associates may use AI-assisted medical documentation technology. The AI scribe assists only with documentation and does not diagnose conditions, make treatment recommendations, prescribe medications, or replace your healthcare provider.

I CONSENT to the use of an AI-assisted medical scribe during my visit.

I DO NOT CONSENT to the use of an AI-assisted medical scribe during my visit.

✓

Final Patient Acknowledgement

I certify that the information provided in this packet is accurate and complete to the best of my knowledge.

Patient / Responsible Party Signature _____

Date _____