

E. Timothy Shapiro, M.D., M.Med.,
MRCP (UK), FCP(SA), C.D.E.,
F.A.C.E., F.A.C.P., E.C.N.U.

Leonard M. Thaler, M.D., F.A.C.E.,
E.C.N.U.

AVENTURA

ENDOCRINE ASSOCIATES

2801 NE 213th St
Suite 1015
Aventura, Florida 33180
Office (305) 937-3000
FAX (888) 268-0675

Thank you for your assistance and patience as we transition to a new electronic health record (EHR). Please assist us by completing the following questionnaire. We Ask for your email address in order to invite you to participate in the new patient portal. Through this portal, we encourage you to enter new or updated demographic information and medical history, view your lab results, or send a message or appointment request to the medical office. We will never share your email address with any outside parties.

Name: _____ **Date:** _____

DOB: _____ **Sex:** Male / Female **Marital Staus:** Single / Married / Other

Primary Language (circle one): English / Spanish / French / Other _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phones

Home: _____ **Mobile:** _____ **Work:** _____

Employer: _____

Primary Care Physician: _____

Referred by: _____

Pharmacy (Name, Address, Phone) _____

Communication of Protected Health Information (PHI):

Relationship	Name	Phone	Permission to discuss PHI?
spouse			Yes / No
			Yes / No
			Yes / No

Race(circle one):

White / Black or African American / American Indian / Alaska Native/Asian
Native Hawaiian / Pacific Islander / Other

Smoking Status(circle one):

Current every day smoker / Current some day smoker / Former smoker / Never smoker

Drinking Status(circle one):

None / Rarely / Socially / Greater than 3 drinks per day / Other _____

