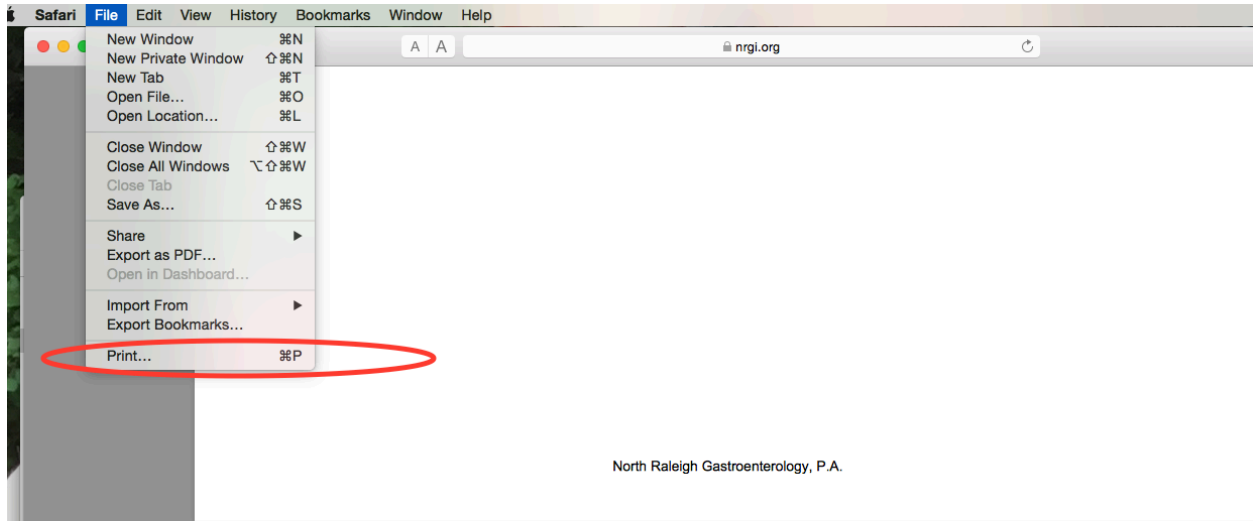


Tips for saving your completed forms

If the fields you've filled out did not save when you tried Save As and gave the document a unique name, try using this method:

Safari browser: Go to the File menu, then chose Print.



North Raleigh Gastroenterology, P.A.

Patient Health History Sheet:

Patient Name John Doe Date of Birth 04181997
Primary Care Physician _____ Height 5'10" Weight 175 lbs

Allergies: Medication and Food Allergies(Please List Below): Include any allergy to eggs or soy

<u>Name of Medication/Food</u>	<u>Reaction to Medication/Food</u>
1. <u>None known</u>	_____
2. _____	_____
3. _____	_____

MEDICATIONS: LIST ALL (BOTH PRESCRIPTION & NON PRESCRIPTION, ALSO ALL SUPPLEMENTS & VITAMINS):

<u>MEDICATION NAME</u>	<u>DOSE TAKEN</u>	<u>FREQUENCY</u>	<u>REASON TAKEN</u>
1. <u>Advil</u>	<u>400mg</u>	<u>as needed</u>	<u>periodically for headaches</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Instead of clicking "Print", Click the drop-down menu beside "PDF" and chose "Save as PDF".

Printer: HP LaserJet 2300 series
Presets: Default Settings
Copies: 1
Pages: All
Paper Size: US Letter 8.50 by 11.00 inches
Orientation: Portrait Scale: 93 %
Layout: Portrait
Pages per Sheet: 1
Layout Direction: Portrait
Border: None
Two-Sided: Off
 Reverse page orientation
 Flip horizontally

PDF Hide Details
Open PDF in Preview
Save as PDF...
Save as PostScript...
Add PDF to iBooks
Mail PDF
Save as Adobe PDF
Save PDF to Web Receipts Folder
Send PDF via Messages
Edit Menu...

Patient Name: JOHNSON, JAMES
Date of Birth: 04181997
Height: 5'10" Weight: 175 lbs

Allergies: Medication
Name of Medication
1. None known
2.
3.

List Below): Include any allergy to eggs or soy
Reaction to Medication/Food

Beside "Export as", enter a unique name for your PDF. Be sure to remember where on your computer you're saving the document to. Here we're saving to the Desktop

North Raleigh Gastroenterology, P.A.

Patient Health History Sheet:

Patient Name John Doe Date of Birth 04181997
Primary Care Physician _____ **Height** 5'10" **Weight** 175 lbs

Allergies: Medication and Food Allergies(Please List Below): **Include any allergy to eggs or soy**

<u>Name of Medication/Food</u>	<u>Reaction to Medication/Food</u>
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Open your saved PDF to make sure it saved your changes. You can now attach the PDF to an email and send to forms@nrgi.org or fax it to us at: 844-587-9567.