



**Family Physicians  
of Cedar Rapids**

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_

Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How Long: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_

Previous Provider: \_\_\_\_\_ Location: \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

**Please answer all of the following medical questions:**

1. Have you been diagnosed with any medical conditions and what are they? \_\_\_\_\_  
\_\_\_\_\_

2. What medications do you take on a daily basis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you been diagnosed or treated for diabetes? \_\_\_\_\_

4. If you answered no to question #3, have you been told that you have elevated glucose or blood sugar? \_\_\_\_\_