



New Patient Packet Information:

We would like to take this opportunity to thank you for considering our physicians to participate in your healthcare. We look forward to providing you with personalized, comprehensive health care focusing on wellness and prevention. As continuity and coordination of patient care is essential in meeting your healthcare needs, our physicians, nurse practitioners, nurses, medical assistants and office staff work closely in a “team approach” to support your patient care. We work collaboratively with Joint Township District Memorial Hospital and a wide range of specialists to coordinate all aspects of patient care including inpatient hospitalization and specialty consultation care, as needed.

Prior to establishing with a new GLPP primary care physician, you may be asked to contact your previous physician and request that a copy of your medical records be sent to the new office.

The enclosed forms will need to be completed and may need returned to the office prior to your appointment or brought with you to your appointment. If required, you will also need to notify your health insurance company of your new primary care provider. During your initial visit, we will be reviewing your health status and these forms contain information necessary to complete this process. Please bring your health insurance identification card, photo I.D., and any medications (actual pill bottles) you are currently taking.

Once again, we would like to thank you for choosing us as your primary health care provider. We look forward to working with you.

Sincerely,

Grand Lake Health System

Patient Name: _____ Date of Birth: _____

YOUR ALLERGIES – please indicate reaction if there is a positive allergy:

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Animal Dander |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Grains/Wheat | <input type="checkbox"/> Codeine | <input type="checkbox"/> Detergent | <input type="checkbox"/> Grass |
| <input type="checkbox"/> Nuts/Peanuts | <input type="checkbox"/> Sulfa Drugs | <input type="checkbox"/> Latex | <input type="checkbox"/> Insect bites/Stings |
| <input type="checkbox"/> Shellfish | <input type="checkbox"/> NSAIDS | <input type="checkbox"/> Metals | <input type="checkbox"/> Mites |
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Molds/Mildew | <input type="checkbox"/> Pollen |

Please list any other allergies you may have: _____

IMMUNIZATIONS:

Please attach or bring in a list of your immunization record.

YOUR MEDICAL HISTORY – Please check if you have any of these diagnoses:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Cancer type _____ | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Stroke | <input type="checkbox"/> Thyroid Disorder |

Other medical problems: _____

FAMILY MEDICAL HISTORY – please indicate who has this in your family (Mother, Father, Brother, Sister, Paternal Grandparent, Maternal Grandparent, Children)

- Arthritis _____
- Asthma _____
- Bleeding Disorder _____
- Cancers _____
- Diabetes _____
- Heart Disease _____
- High Cholesterol _____
- High Blood Pressure _____
- Kidney Disease _____
- Liver Disease _____
- Mental Illness _____
- Seizures _____
- Alcohol Abuse _____
- Drug Abuse _____
- Thyroid Disorder _____
- Tuberculosis _____
- Birth Defects _____
- Bed Wetting (over age of 10) _____
- Genetic Disorders _____
- Other _____

SURGICAL HISTORY

Please list all of your surgeries and the date they were done.

YOUR SOCIAL HISTORY

Marital Status _____ Spouse Name: _____

Culture/Language _____

Living situation alone with spouse/partner with family Group Home Nursing Home

Occupation _____

Do you drink alcohol? YES NO

How much alcohol do you consume a week? _____

Do you smoke? YES NO

How much do you smoke? _____

Are you a former smoker? YES NO

How long did you smoke? _____

Do you have any tobacco smoke exposure? YES NO

How much caffeine do you drink daily? _____

If you have firearms in your home, do you keep them secured? YES NO Decline to answer

Do you have pets in the home? YES NO

Please list type of pets? _____

TRAVEL

What countries have you traveled to in the last 6 months? _____

YOUR PREGNANCY HISTORY?

How many times have you been pregnant? _____

Number of live births? _____

Number of living children? _____

Biggest babies weight? _____

Abortions? _____

Miscarriages? _____

Vaginal Deliveries? _____

C-Section Deliveries? _____

Premature Births? _____

Breech? _____

Do you perform your own self breast exams monthly: YES NO

Contraception History:

Are you currently sexually active? YES NO

How are you preventing pregnancy? _____

Are you interested in information on types of birth control? YES NO

Have you been exposed to any sexually transmitted infections? YES NO

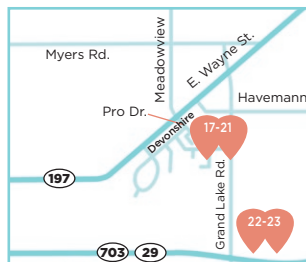
If yes, please check:

- Chlamydia
- Gonorrhea
- HPV
- Syphilis
- Genital Herpes
- HIV



ST. MARYS

- 1 JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL™**
200 St. Clair Street
St. Marys, Ohio 45885-2400
Phone: 419.394.3335
Toll Free: 1.877.564.6897
- 2 GRAND LAKE OCCUPATIONAL MEDICINE™**
200 St. Clair Street
St. Marys, Ohio 45885
Phone: 419.394.3335
• Juan Torres, MD
- 3 URGENT CARE AT JTMH**
200 St. Clair Street
St. Marys, Ohio 45885-2400
Phone: 419.394.3335
- 4 GRAND LAKE NEUROLOGICAL CENTER™**
200 St. Clair Street
St. Marys, Ohio 45885
Phone: 419.394.9522
• Natasha Alexander, DO
• Katherine Zwiebel, APRN-CNP
- 5 WOUND CARE CENTER™**
200 St. Clair Street
St. Marys, Ohio 45885
Phone: 419.394.9512
- 6 CLEAR PASSAGE GERIATRIC PSYCHIATRIC CENTER**
200 St. Clair Street
St. Marys, Ohio 45885
Phone: 419.394.9505
- 7 GRAND LAKE HOSPICE™**
1122 East Spring Street
St. Marys, Ohio 45885
Phone: 419.394.7434
Toll Free: 1.800.543.5115
After Hours: 419.394.3335
- 8 GRAND LAKE PRIMARY CARE AT ST. MARYS™**
1040 Hager Street
St. Marys, Ohio 45885
Phone: 419.394.9959
• Michael Josey, MD
• Dawn McNaughton, MD
• Nicole Link, APRN-CNP
• Ashley Meyer, APRN-CNP
- 9 GRAND LAKE PEDIATRICS**
Grand Lake Pediatrics Center
1010 Hager Street
St. Marys, Ohio 45885
Phone: 419.394.9579
• Efren Aganon, MD
• Osagie Ighile, MD
• Thomas Zegarski, MD
- 10 GRAND LAKE OB/GYN™**
1067 Hager Street
St. Marys, Ohio 45885
Phone: 419.394.7314
• Polly Train, MD
• Sara Gerlach, APRN-CNM
• Bridget Heckler, APRN-CNM
• Jackie Shriver, APRN-CNP
- 11 GRAND LAKE SLEEP CENTER™**
975 Hager Street
St. Marys, Ohio 45885
Phone: 419.394.9992
• Sarat Kuchipudi, MD
- 12 NEW DAY PAIN MANAGEMENT CENTER™**
1165 S. Knoxville Ave., Suite 105
St. Marys, Ohio 45885
Phone: 419.394.9520
• John Buonocore, DO
• Stacia Springer, APRN-CNP
- 13 GRAND LAKE REHAB SERVICES™ (OUTPATIENT)**
1065 Hager Street
St. Marys, Ohio 45885
Phone: 419.394.9514
- 14 AUGLAIZE + MERCER GENERAL & BARIATRIC SURGERY**
1300 E. Greenville Rd., Ste. B,
St. Marys, Ohio 45885
Phone: 419.394.9595
• Lance Bryant, DO
• Brittany Schlarman, APRN-CNP
- 15 GRAND LAKE HOME HEALTH™**
1122 East Spring Street
St. Marys, Ohio 45885
Phone: 419.394.7434
Toll Free: 1.800.543.5115
- 16 GRAND LAKE FOOT AND ANKLE CENTER**
1013 E. Spring Street
St. Marys, Ohio 45885
Phone: 419.394.8664
• Christopher J. Stucke, DPM



CELINA

All are located in:
CELINA MEDICAL CENTER
801 Pro Drive
Celina, Ohio 45822

17 GRAND LAKE FAMILY PRACTICE & PEDIATRICS™

Phone: 419.586.6489
• Amy Branam, DO
• Luis Perez, DO
• Jessica Lozier, APRN-CNP

18 AUGLAIZE + MERCER GENERAL & BARIATRIC SURGERY

Phone: 419.586.6480
• James Reichert, DO

19 VANAN ENT & SINUS CENTER™

Phone: 419.586.6480
• Suri Vanan, MD
• Andrew Klausung, PA-C
• Heather Ott, APRN-CNP

20 GRAND LAKE OB/GYN™

Phone: 419.394.7314
• Polly Train, MD
• Sara Gerlach, APRN-CNM
• Bridget Heckler, APRN-CNM
• Jackie Shriver, APRN-CNP

21 GRAND LAKE PEDIATRICS

Phone: 419.394.9579
• Osagie Ighile, MD

22 KEMMLER ORTHOPAEDIC CENTER

123 Hamilton St.,
Celina, Ohio 45822
Phone 419.586.5760

140 Fox Road, Suite 209,
Van Wert, Ohio 45891
Phone 419.586.5760
• James Kemmler, MD
• Jed Kohne, PA-C

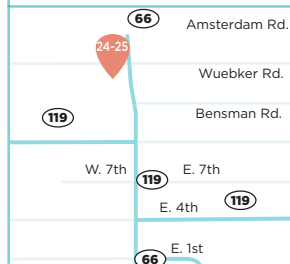
MOR Rehab
Phone 419.586.9300
Ciao! Med Spa
Phone 419.586.2426

23 GRAND LAKE FOOT AND ANKLE CENTER

123 Hamilton Street
Celina, OH 45822
Phone: 567.890.2655
• Christopher J. Stucke, DPM

AUGLAIZE + MERCER UROLOGY

950 S. Main St. Ste 10
Celina, Ohio 45822
Phone 419.586.6899
• Scott Cohen, MD



MINSTER

24 MIAMI & ERIE FAMILY PRACTICE & PEDIATRICS

04463 State Route 66
Minster, Ohio 45865
Phone: 419.628.3821
• Olubukola Adelola, MD
• James Luedeke, MD
• Sarah Werner, DO
• Sara Hess, APRN-CNP

25 AUGLAIZE + MERCER UROLOGY

Phone: 419.586.6899
• Scott Cohen, MD



WAPAKONETA

26 All located in: WAPAKONETA MEDICAL CENTER

812 Redskin Trail
Wapakoneta, OH 45895

WAPAKONETA PRIMARY CARE™

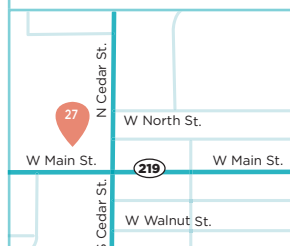
Phone: 419.738.4445
• V.K. Chalasani, MD

GRAND LAKE PEDIATRICS

Phone: 419.394.9579
• Thomas Zegarski, MD

VANAN ENT & SINUS CENTER

Phone: 419.586.6480
• Suri Vanan, MD
• Andrew Klausung, PA-C
• Heather Ott, APRN-CNP



COLDWATER

27 AUGLAIZE + MERCER GENERAL & BARIATRIC SURGERY

830 W. Main St, Ste. E1A
Coldwater, OH 45828
Phone: 419.394.9595
• Lance Bryant, DO
• James Reichert, DO
• Brittany Schlarman, APRN-CNP