

Patient History

Patient Name/DOB and Today's Date _____

Have you seen one of our doctors before? Yes/ No _____

Reason for today's visit: _____

Primary Care Physician: _____

MEDICAL HISTORY

Please circle any that apply

- Allergies
- Anemia
- Anxiety
- Arthritis
- Asthma
- Blood transfusion
- Cancer
- Cataracts
- CHF
- Clotting disorder
- COPD
- Depression
- Diabetes mellitus
- Emphysema
- GERD
- Glaucoma
- Heart murmur
- HIV/AIDS
- Hypertension
- Kidney disease
- Meningitis
- Myocardial infarction
- Nerve/muscle disease
- Osteoporosis
- Seizures
- Sickle cell anemia
- Stroke
- Substance abuse
- Thyroid disease
- Tuberculosis
- Ulcers

Office Reviewed: _____

SURGICAL HISTORY

Please circle any that apply

- Appendectomy
- Brain surgery
- CABG
- Cholecystectomy
- Colon Surgery
- Cosmetic surgery
- Eye surgery
- Fracture surgery
- Hernia repair
- Joint replacement
- Prostate surgery
- Small Intestine surgery
- Spine surgery
- Valve replacement
- Vasectomy
- Tonsil
- Wisdom Teeth

Other Surgical History _____

Office Reviewed _____

FAMILY HISTORY

Please indicate family member, their status, and applicable history

Relationship	Status	Family Member Associated History

- Alcohol abuse
- Arthritis
- Asthma
- Birth defects
- Cancer
- COPD
- Depression
- Heart disease
- Diabetes
- Drug abuse
- Early death
- Hearing loss
- Hyperlipidemia
- Hypertension
- Kidney disease
- Learning disabilities
- Mental illness
- Mental retardation
- Miscarriage
- Stroke
- Vision loss

Office Reviewed _____

Allergies: _____

Office Reviewed _____

Patient History

Social History

Office Reviewed _____

Alcohol Use

NEVER
Glasses of wine
Cans of beer
Shots of liquor
Drinks containing 0.5 oz of alcohol

Drinks/Week

Sexually Active

Yes No Not Currently

Partners

Female Male

Birth Control/Protection

--

Drug Use

Yes No

Use/Week

--

Type

--

Tobacco Use

Never Years Year Quit

Packs/Day

Smokeless Tobacco

Ready to Quit Yes/ No

Current Medications

Dose

Frequency

Office Reviewed _____

Pharmacy Name, Address, or Phone Number
