

Name_____

Date

DOB

Reason for visit today:______

Occupation:			Highest Level of Education:			
Who lives at home?				Marital Status		
Previous H	ospitalizations/ N	lajor injuries/ Surgeries				
Year	Hospitalization/Injury/Surgery Reason Year		Year	Hospitalization/Injury/Surgery		
Dast Dersor	al as well as Fam	ily Medical History		D		
		or a close blood relative	has/had an	v of the f	ollowing cond	ditions
Condition	SELF	FAMILY MEMBER	Conditio	-	SELF	FAMILY
Recent				Bladder		
weight loss			problen	าร		
Migraines			Neurolo	ogic		
			conditio	ons		
Epilepsy/			Arthritis	5		
Seizures						
Eye Disease			Osteopo	orosis		
Hearing			Cancer			
Disorder	_		(type/si	te)		
Nose/Sinus			Thyroid			
problems	, 4		problem			
Chest pain / heart attack			Diabete	S		
Heart failure			Bleeding	7 or		
or valve	-		clotting	-		
problems			locioting	15540		
High Blood			Prior Blo	bod		
Pressure			transfus	ion		
Lung			Mental	Health		
Disease			includin	g		
(COPD or			depress	ion		
Asthma)						
Bowel			Substan	ce		
Problems			Abuse			
Liver disease	2		Other			
Hepatitis						

Tobacco Use	Yes / No / Quit	How many packs / day?	# of years?
Alcohol Use	Yes / No / Quit	How many drinks/ weekday?	Per weekend?
Illicit Drug use	Yes / No / Quit	Which?	# of years?

Health Maintenance Screenings

When was your last? (year)	Where?	Any abnormalities
Colonoscopy:		
Mammogram:		
Pap Smear:		
Bone Density/Dexa Scan:		
Flu Shot		
Tetanus Shot		

Allergies? (Medicine/Food/Environmental)	Reaction

Preferred Pharmacy: _____

Prefer (please circle) 30 or 90 day supply

Medication	Dosage	Frequency	e Might Citas
	S.O		
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	(* .:		nan Qu
			80.0

If Applicable

	-
Last Menstrual Period:	
Currently on Birth Control? Yes No	
Туре:	
Total # of pregnancies:	
Total # of births:	
Prior Miscarriages?	
Prior Abortions?	

Do you feel safe at home?	Yes	No
Do you exercise? Yes No		
How?		Sanda Tran
Do you have any firearms?	Yes	No
Do you wear seatbelts?	Yes	No
Do you wear a bike helmet?	Yes	No

Do you see any specialists regularly? (Please list)

Specialist	Condition	Current Treatments
		and the second

Have you designated a Health Care Proxy?

Name	Phone #	Relationship to you	Relationship to you		
Other concerns to discuss today:			80.00		
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