Medical History

This information is for use by your physician as part of your confidential medical record **Date ___/___/___**

Name ______________________________ **Best Phone # To Contact You** _______________ **Age** ____ **Birth Date** _____/_____/_____

Primary Care Physician Name ____________________ **Group/Address**______________________________ **Phone** ______________

MEDICATIONS (Prescription, Over-The-Counter, Vitamins, Herbs, etc.)

DRUG NAME	DOSE	DRUG NAME	DOSE

ALLERGIES TO MEDICATIONS OR OTHER SUBSTANCES ☐ Yes ☐ No If Yes, please list medications and type of reaction

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PAST MEDICAL HISTORY AND REVIEW OF SYSTEMS **Please check if you have ever had any problems with or are presently experiencing any of the following:**

☐ Arthritis	☐ Stomach Problems	☐ Kidney/Bladder Problems	☐ Psychiatric
☐ Blood Disorder	☐ Female Problems	☐ Liver Problems, Hepatitis	☐ Sexually Transmitted Diseases
☐ Cancer	☐ Heart Problems	☐ Lung Problems	☐ Skin Problems
☐ Diabetes	☐ High Blood Pressure	☐ Musculoskeletal	☐ Thyroid Problems
☐ Eyes, Ears, Nose or Throat Problems	☐ High Cholesterol	☐ Neurological Problems (stroke, seizures…)	☐ Other ______________________

PLEASE LIST AND SUPPLY DATES OF ALL SURGERIES:

Surgery	Date

SOCIAL HISTORY

Do you currently smoke? ☐ Yes ☐ No If yes, how many packs per day? ____________________ Have you ever smoked? ☐ Yes ☐ No

Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, how much per week? ____

Do you use drugs (marijuana, cocaine, crack, etc.) ☐ Yes ☐ No If yes, please explain: ____

Method of birth control (if used)? ____

FAMILY HISTORY Has any member of your family (parents, siblings, grandparents, children, aunts and uncles) ever had the following?

ILLNESS	WHICH FAMILY MEMBER(S)?
Cancer (describe type)__________________________	
Hypertension (high blood pressure)	
Heart Disease	
Diabetes	

PREVENTION

Date of Last Flu Shot ______________________________ Have you had the Pneumonia shot and if so when? _________________________

Date of Last Tetanus Shot ____

Signature of Patient or Responsible Party ____