



Surgeries/Hospitalizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I have no surgeries

Allergies: \_\_\_\_\_

\_\_\_\_\_ I have no allergies

Medical history: \_\_\_\_\_ I have no medical problems

- |                 |                      |                          |                                  |
|-----------------|----------------------|--------------------------|----------------------------------|
| ___ Anemia      | ___ Emphysema        | ___ Irregular Rhythm     | ___ Sexually transmitted Disease |
| ___ Arthritis   | ___ Gastritis/Ulcer  | ___ Kidney Stones        | ___ Stroke                       |
| ___ Asthma      | ___ Glaucoma         | ___ Liver Disease        | ___ Seizures                     |
| ___ Blood clots | ___ Heart attacks    | ___ Multiple Sclerosis   | ___ Thyroid Disease              |
| ___ Cancer      | ___ Heart murmur     | ___ Parkinson            | ___ Urine Infection              |
| ___ Depression  | ___ High Cholesterol | ___ Phlebitis            | ___ Vascular Disease             |
| ___ Diabetes    | ___ Hypertension     | ___ Other                |                                  |
| ___ Pregnancies | ___ Children         | ___ Number of C-sections |                                  |

Family history (Please list all illnesses in your family. Include parents, grandparents, siblings and children.) \_\_\_\_\_

\_\_\_\_\_

Medication (Please list all the medications that are currently being taken.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preventative care (please state the year it was done.)

- |                    |                         |                     |
|--------------------|-------------------------|---------------------|
| _____ PAP          | _____ Flue Shot         | _____ Prostate Exam |
| _____ Mammogram    | _____ Pneumonia vaccine | _____ Colonoscopy   |
| _____ Bone Density | _____ Tetanus Shot      |                     |

Social history:

\_\_\_\_\_ Smoking ( Y / Q / N, how many packs per day)    \_\_\_\_\_ Alcohol    \_\_\_\_\_ Drugs

Chief Complaint (reason for today's visit) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_