

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

This is a confidential record of your medical history and will be kept in your medical record file.  
Please fill the entire form out to the best of your ability.

CURRENT MEDICATIONS		ALLERGIES	
Name:	Strength:	Name:	Reaction:
MEDICAL HISTORY		SURGICAL/PROCEDURAL HISTORY	
i.e: Diabetes, Hypertension, High cholesterol		i.e: colonoscopy, appendectomy	
		Procedure	Date
Social History		Do you have one of the following:	
Occupation: _____		Advanced Directive	Y or N
Married: Y or N Name: _____		Living Will	Y or N
Children: Y or N Name: _____		POLST	Y or N
Name: _____			
Smoke: Y or N How often: _____			
Previous Smoker: Y or N			
Alcohol: Y or N How much: _____			
Tobacco: Y or N How much: _____			
Drugs: Y or N How often: _____			
Caffiene: Y or N How much: _____			

**Family History**

Condition	Mother	Father	Brother	Sister	Father's parent	Mother's parents	Other:
Diabetes II	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Hypertension	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Heart Disease	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Colon Cancer	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Breast Cancer	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Ovarian Cancer	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Blood Disorders	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Renal Disease	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Prostate Cancer	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
Other:							
If deceased:	Age:	Age:	Age:	Age:	Age:	Age:	
Cause:							

**Adult Immunizations**

Prevnar	Y or N	Date: _____
Pneumovax	Y or N	Date: _____
Tetanus	Y or N	Date: _____
Zostavax	Y or N	Date: _____
Influenza	Y or N	Date: _____

**Female History**

Last menstrual period:	_____
Last mammogram:	_____
Last pap smear:	_____
DEXA Scan	Y or N Date: _____
Menopause	Y or N Date: _____
Hysterectomy	Y or N Date: _____

**Pregnancies**

Children born alive	How many: _____
Still births?	How many: _____
Premature births?	How many: _____
C-Sections?	How many: _____
Miscarriages?	How many: _____
Any complications?	Y or N
Any therapeutic abortions	Y or N
Any babies weighing over 9lbs	Y or N