

PERSONAL HEALTH HISTORY

Name _____ Age _____ Date of birth _____

Occupation _____ Previous physician _____ Today's Date _____

CURRENT HEALTH PROBLEMS

List below all conditions for which you are currently receiving medical care.

MEDICATIONS

List below all medications you are presently taking, including any OTC or natural products. Include strength (mg) and number of doses per day.

PREVIOUS MEDICAL HISTORY

List below all previous hospitalizations, operations, and prior health problems.

Include year and name of hospital if available.

ALLERGIES

Please list all medications allergies / sensitivities including adverse reactions.

HEALTH BEHAVIORS

Do you smoke? ___ Y ___ N Quantity ___ Per Day

Do you drink alcohol? ___ Y ___ N Quantity ___ Per Day

Do you use any other addicting substance? ___ Y ___ N

Per day, week, per month Specify: _____

Do you exercise? ___ Y ___ N

How often? ___ Daily ___ 3 or more per Wk ___ once wk or less

Do you have multiple sexual partners? ___ Y ___ N

VACCINATIONS

Check any vaccines you have received: Pneumonia ___

Chickenpox ___

Measles ___

Date of last tetanus booster _____

WOMEN ONLY

Date of onset of last menstrual period _____

Date of last Pap smear or pelvic examination _____

Date of last mammogram _____

Do you have a gynecologist? ___ Y ___ N

Would you like us to provide your gynecologic care? ___ Y ___ N

Number of pregnancies? _____

Number of pregnancies carried to term? _____

Number of children? _____

Have you ever had gestational diabetes? ___ Y ___ N

(diabetes during pregnancy)

Please leave blank

FAMILY MEDICAL HISTORY

Does any member of your family have: Explain below

___ Heart disease? _____

___ Cancer? _____

___ Asthma? _____

___ Diabetes? _____

___ High blood pressure? _____

___ Depression or mental illness? _____

___ Liver disease? _____

___ Blood disorder? _____

___ Tuberculosis? _____

___ Alcoholism or substance abuse? _____

___ Thyroid disease? _____

___ Kidney disease? _____

___ Osteoporosis? _____

Please give current health status of the following family members. (If deceased, indicate age and cause of death, if known)

Father Father's relatives

Mother

Sisters Mother's relatives

Brothers