

Today's Date: _____

Name _____

Birthdate _____ Age _____

Occupation _____

Marital status _____

Number of people in your household _____

Highest level of education _____

Previous doctor _____

 CURRENT PROBLEMS - Reason for today's visit:

Y N HAVE YOU HAD: WHEN/HOW LONG

 Appendix out _____

 Gallbladder out _____

 Hysterectomy _____

 Heart Attack _____

 Diabetes _____

 High blood pressure _____

 High cholesterol _____

 Rheumatic fever _____

 Tuberculosis _____

 Blood transfusion _____

 PAST SURGERIES / HOSPITALIZATIONS / MAJOR OR CHRONIC ILLNESSES (give year):

 MEDICINES (list all medications you are taking, include aspirin, vitamins, etc.)

DRUG ALLERGIES:

Drug _____ Reaction _____

FAMILY HISTORY	AGE IF LIVING	AGE AT DEATH	PRESENT CONDITION OR CAUSE OF DEATH
FATHER			
MOTHER			
BROTHERS			
NUMBER: _____			
SISTERS			
NUMBER: _____			
CHILDREN			
BOYS: _____			
GIRLS: _____			

Check if any relatives have had Relationship

 Diabetes _____

 High blood pressure _____

 Heart attack/surgery _____

 Stroke _____

 Very high cholesterol _____

 Osteoporosis _____

 Breast or colon cancer _____

 Prostate cancer _____

 Other cancer _____

 Thyroid problem _____

 Mental illness/alcoholism _____

 Depression/suicide _____

HABITS:

 Smoking Current Past (yr quit _____)

Number of years _____

Packs per day _____

 Alcohol Current Past

Number of drinks per week _____

 Have you ever had an alcohol problem? Yes No

 Street Drugs Current Past

Type _____

Coffee/Tea _____ cups per day

Exercise (check one)

 None or rare

 Moderate

 Occasional/light

 Regular/vigorous

Weight Current weight _____

Usual weight _____

Weight change in last year _____

Seatbelts

 Never Sometimes Always

PREVENTIVE CARE: When was your last...

Physical exam _____

Eye exam _____

Dental exam _____

Sigmoidoscopy _____

Flu shot _____

Tetanus shot _____

Pneumonia vaccine _____

Hepatitis vaccine _____

WOMEN ONLY:

 Pap test _____ normal

 abnormal

 Mammogram _____ normal

 abnormal

Last period _____

Birth control? _____

pregnancies: _____ # births: _____

miscarriages: _____ # abortions: _____