Patient Medical History

Name: _____ Date of Birth: _____

Address: _____

Allergies (medication, food, environment): _____

_____

Current Medical Condition: (pacemaker, diabetes, etc.): _____

_____

Smoker: ☐ Yes ☐ No How long? _____ Quit date _____

Primary Care Physician: _____

Address: _____ Phone: _____

_____ Fax: _____

Family Members and/or Primary Caregivers to Contact in Case of Emergency:

Name and relationship	Phone number(s)

List of surgeries or procedures	Physician	Hospital/Clinic	Date	Complications?

Immunizations: Check or date all that apply

Tetanus, diphtheria, pertussis (Td/Tdap) _____ Varicella (chicken pox) _____ Zoster (shingles) _____

COVID _____ Human papillomavirus (HPV) _____ Influenza _____ Measles, mumps, rubella (MMR) _____

Meningococcal (meningitis) _____ Pneumococcal (pneumonia) _____ Hepatitis A_____ Hepatitis B _____

Preventive Screenings: Check or date all that apply

A1C/ Blood sugar _____ Cholesterol _____ Colonoscopy/colon cancer _____

Mammogram _____ Pap test _____ Bone density _____

Prostate screening _____ PSA _____ Testicular cancer _____

Eye Exam _____ Dental Exam _____ Hearing test _____

Family history: List any diseases, cancer, diabetes, high blood pressure, etc.

Relative	Sex	Age	Death	Condition(s)
Mother				
Father				
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				

Check all that apply:

A history of:

- ☐ Alcohol use
  _____# drinks per day
- ☐ Autoimmune diseases
- ☐ Asthma
- ☐ Bleeding disorders
- ☐ Blood clots
- ☐ Bronchitis
- ☐ Cancer (type) _____
- ☐ Chronic cough
- ☐ Congestive heart failure
- ☐ COPD
- ☐ Depression
- ☐ Diabetes
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Headaches
- ☐ Heart attack
- ☐ Hepatitis (type) _____
- ☐ Hernia
- ☐ High Blood Pressure (Hypertension)
- ☐ Illicit drug use (type) _____
- ☐ Immuno-compromising condition
- ☐ Lupus
- ☐ Mitral valve prolapse (heart murmur)
- ☐ Osteoporosis or Osteopenia
- ☐ Rheumatoid arthritis
- ☐ Seizures
- ☐ Shortness of breath
- ☐ Stroke
- ☐ Thyroid disease
- ☐ Tuberculosis

Allergies or Adverse reactions:

- ☐ Adhesive tape
- ☐ Anesthesia
- ☐ Antibiotics
- ☐ Aspirin
- ☐ Codeine
- ☐ Demerol
- ☐ Iodine
- ☐ Latex
- ☐ Morphine
- ☐ Penicillin
- ☐ Stitches material
- ☐ Sulfur
- ☐ Valium
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____