

## **CLINICAL INFORMATION**

Patient Name:	<del></del>	
MEDICAL HISTORY		
Hypertension Asthma	Coronary Artery Disease Stroke/TIA	
Diabetes COPD	Carotid Artery Disease Seizures	
Cholesterol Sleep Apnea	Atrial Fibrillation Migraines	
Triglycerides Allergies	Pacemaker Dementia	
Overweight Depression	Cancer:	
Low Thyroid Anxiety		
Ulcers Insomnia		
Reflux Chronic Pain	Other Medical Hx:	
Irritable Bowel Arthritis		
SURGICAL HISTORY		
	rnia Other Surgeries:	
Appendix Knee Cat		
Gallbladder Neck Ski		
Hysterectomy Back Pro		
_		
FAMILY HEALTH HISTORY		
	Conditions:	
	Conditions:	
Brothers: How many Alive How Conditions:	many Deceased	
Sisters: How many Alive How Conditions:		
Children: How many Alive How		
Conditions:		
SOCIAL / LIFESTYLE HISTORY		
	WidowedSeparatedRemarried	
Alcohol: None Rare Some		
	ent (Details:)	
Who lives at home with you?	Pets:	
	Type of work:	
	Excellent Special Diet:	
	Regular (Details:)	
Transportation: Drive myself Ot	hers drive Don't leave the house	
	Walker Wheelchair Lift Chair Ramp	
Chair Lift Hoyer Lift Other:		
	_ Dentures CPAP Oxygen Suction	
	edside Commode    Shower Chair   Hospital Bed	
Other:		

<b>MEDICATION AL</b>	LERGIES			
Penicillin	(Reaction:	)		
	(Reaction:)			
Others:	(Reaction:)			
		(R	eaction:)	
		(R	eaction:)	
	(Reaction:)			
		(R	(Reaction:)	
MEDICATIONS:				
Name	<u>Strength</u>	<u>Frequency</u>	Reason you take each	
<u>ivallie</u>	<u> Strength</u>	rrequency	neason you take each	
	f additional medications, please	continue list on a sepai		
1.2	addicional incarcacions, predice	communication a separ	ate blaim page,	
<b>VACCINATIONS</b>	(Check all vaccines that you h	ave had)		
	•	·		
For Pneumor	nia: Prevnar Pneu	movax		
For Sningles:	Zostavax Shing	rix		
	Tdap dT			
For COVID:	What Year:	Which va	iccine:	
For Influenza	: Do you get a flu shot a	nnually?Yes	NoSometimes	
ACTIVITES OF DA	AILY LIVING:			
<ul> <li>I need ass</li> </ul>	sistance with: Nothing			
·	leting Bathing Dressir	ng Eating Tran	nsferring Walking	
	<u> </u>	<u> </u>		
HEALTH DIRECT	IVES: (Check any that you hav	e in place)		
	Not Resuscitate) Living W	•	ective Not sure	

Thank you for providing this information to help us better serve you!