



Connect Health + Wellness

Bassett: 324 T B Stanley Hwy. | Bassett, VA 24055
Ridgeway: 4944 Greensboro Rd. | Ridgeway, VA 24148
Dental: 23 Fayette St. | Martinsville, VA 24112

Patient's Name: _____ Date of Birth: _____

Past Medical History

Previous Physician's name: _____ Date of Last Exam: _____

Which of the following conditions are you currently being treated or have been treated for in the past?

- Shortness of breath Eye disorder Diabetes Heart disease/Murmur/Angina
- High cholesterol Asthma Seizures Kidney/Bladder
- High blood pressure Lung problems Stroke Liver problems/Hepatitis
- Low blood pressure Sinus problems Headaches Arthritis
- Heartburn Seasonal allergies Cancer Neurological Problems
- Anemia Tonsillitis Ulcers Depression/Anxiety
- Psychiatric care Ear problems Swollen ankles Thyroid problems

Preventive Testing:

- 1) Date of last Pap smear: _____ Have you had an abnormal pap? _____
Where was your last pap performed? _____
- 2) Date of last mammogram: _____
Where was your last mammogram performed? _____
- 3) Date of last colonoscopy: _____
Where was your last colonoscopy performed? _____
- 4) Date of last PSA testing? _____
Where was your last PSA testing performed? _____
- 5) Where did you have your last immunizations? _____

By signing below, I hereby certify that to the best of my knowledge all the information I have furnished on this form is complete, true and accurate. I also give Connect Health + Wellness permission to obtain results for the above via the Release/Exchange of Medical Records Form.

Patient / Legal Guardian Signature _____ Date _____