

Dynamic Healthcare Team

New Patient Health History Intake

Name: _____ Date: _____

Directions: Please gather your health history pertaining to the categories below. By completing this form, you will greatly speed up our ability to establish your database and begin caring for you. You may use additional paper if needed.

1. **Current medications & why you're on them:** (ex., Tylenol 325mg 2 times a day for headaches, Lisinopril 10mg every morning for blood pressure, etc.)

2. **Medical Problems:** (list your medical problems and approx. when they started)

3. **Surgical History:** (types of surgeries, and what year)

4. **Previous & current medical providers, their location, and when you saw them last:** (ex., Dr.Laura Smith in TX for OB/GYN – last seen 5 yrs; Dr.Jones in Colorado Springs for Cardio – last seen 6 mon)

5. **Family Medical History:** (ex., Mom – Living, has high blood pressure; Brother – Living, has prostate cancer; Dad – Deceased @ 70, heart attack)
