Ty P. Affleck, MD

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SANTA ROSA SPORTS MEDICINE

NEW PATIENT HEALTH HISTORY

First Name: _____ Last Name: _____ ○ M ○ F Date of birth: __ /__ /__

Tobacco Use ○ NOW ○ PAST Type: _____ How much? _____

Alcohol Use ○ NOW ○ PAST Type: _____ How much? _____

Non-prescription drug use: ○ NOW ○ PAST Type: _____ How much? _____

Previous Surgeries: _____

_____

Medical Problems: _____

_____

Allergic to Medications? ○ Yes ○ No Which Meds? _____

Current Medications _____ _____ _____

Supplements _____ _____ _____

Primary Care MD _____ Last Exam __ /__ /__ Last Tetanus __ /__ /__

OBGYN _____ Last Exam __ /__ /__

FAMILY HISTORY

(list relationships)

Diabetes ○ Yes ○ No relationship _____

Heart Disease ○ Yes ○ No relationship _____

Cancer ○ Yes ○ No type _____ relationship _____

Other _____ relationship _____

○ Married ○ Single ○ Divorced Number of Children ____ Ages _____

Other Social History _____

_____

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