

North Texas Family Health
Patient Intake

2020

Last Name: _____ First Name: _____ MI: _____

Nick name or preferred name: _____ Date of Birth: _____

Past Medical History: (mark the applicable boxes)

Head

Trauma

Eyes

Blindness Cataracts Glaucoma Wears glasses/contacts

Ears

Hearing aids

Nose/Sinuses

Allergic Rhinitis Sinus Infections

Mouth/Throat/Teeth

Dentures

Cardiovascular

Aneurysm Angina DVT Dysrhythmia HTN Murmur Myocardial Infarction
 Other Heart Disease

Respiratory

Asthma Bronchitis COPD Pleuritis Pneumonia

Gastrointestinal

Cirrhosis GERD Gallbladder Disease Heartburn Hemorrhoids Hepatitis Hiatal Hernia
 Jaundice Ulcer

Genitourinary

Hernia Incontinence Nephrolithiasis Other Kidney Disease STDs UTIs

Musculoskeletal

Arthritis Gout M/S Injury

Skin

Dermatitis Mole(s) Other Skin Conditions Psoriasis

Neurological

Epilepsy Seizures Severe Headaches/Migraines Stroke TIA

Psychiatric

Bipolar Disorder Depression Hallucinations/Delusions Suicidal Ideation Suicide Attempt

Endocrine

Goiter Hyperlipidemia Hypothyroidism Thyroid Disease Thyroiditis Type 1 DM
 Type 2 DM

Heme/Onc

Anemia Cancer

Infectious

HIV STDs Tuberculosis

Custom

- Abnormal Chest X-Ray
- Abnormal EKG
- Acid Reflux
- ADD/ADHD/Dyslexia
- Addiction
- Anger Issues
- Anxiety
- Chest Pain
- Concussion
- Ear Infections
- Erectile Dysfunction
- Estrogen Disorder
- Fainting
- Foot Problems
- Fractures
- Hearing Loss
- Insomnia
- Memory Loss
- Motion Sickness
- Ovarian Cyst
- Recurrent Back Pain
- Sleep Apnea

Medication	Dosage	Frequency	Reason for Taking
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____
11 _____	_____	_____	_____
12 _____	_____	_____	_____
13 _____	_____	_____	_____
14 _____	_____	_____	_____
15 _____	_____	_____	_____

Surgery and Location	Year	Complications
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

Social History

Tobacco

- Current Everyday Smoker
- Current Someday Smoker
- Former Smoker
- Heavy Smoker
- Light Smoker
- Never Smoked
- Smoke Status Unknown

Alcohol

- Do Not Drink
- Drink Daily
- Frequently Drink
- Hx of Alcoholism
- Occasion Drink

Drug Abuse

- IVDU
- Illicit Drug Use
- No Illicit Drug Use

Cardiovascular

- Eat Healthy Meals
- Regular Exercise
- Take Daily Aspirin

Safety

- Household Smoke Detector
- Keep Firearms in Home
- Wear Seatbelts

Sexual Activity

- Exposure to STI
- Homosexual Encounters
- Not Sexually Active
- Safe Sex Practices
- Sexually Active

Birth Gender

- Male
- Female
- Undifferentiated

Custom

- Smokeless Tobacco
 - Vape/E-cig
-

Family History

Health Status

Medical History

Mother

- Alive
- Deceased

- Arthritis
- Asthma
- Bleeding Disorder
- CAD
- COPD
- Diabetes
- Heart Attack
- Heart Disease
- High Cholesterol
- Hypertension
- Mental Illness
- Osteoporosis
- Stroke
- Cancer
- Addiction
- Alcoholism
- Dementia/Alzheimer's
- Depression
- Migraines

Father

- Alive
- Deceased

- Arthritis
- Asthma
- Bleeding Disorder
- CAD
- COPD
- Diabetes
- Heart Attack
- Heart Disease
- High Cholesterol
- Hypertension
- Mental Illness
- Osteoporosis
- Stroke
- Cancer
- Addiction
- Alcoholism
- Dementia/Alzheimer's
- Depression
- Migraines

Maternal Grandmother

- Alive
- Deceased

- Heart Attack
- Stroke
- Cancer
- Dementia/Alzheimer's

Maternal Grandfather

- Alive
- Deceased

- Heart Attack
- Stroke
- Cancer
- Dementia/Alzheimer's

Paternal Grandmother

- Alive
- Deceased

- Heart Attack
- Stroke
- Cancer
- Dementia/Alzheimer's

Paternal Grandfather

- Alive
- Deceased

- Heart Attack
 - Stroke
 - Cancer
 - Dementia/Alzheimer's
-

Allergies

Medication/Substance

Type of Reaction

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
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