

PERSONAL MEDICAL HISTORY:

Check any illnesses/conditions YOU have had

- High blood pressure
- High cholesterol
- Kidney disease *specify:* _____
- Thyroid problems *specify:* _____
- Lung disease *specify:* _____
- Blood clot *specify:* _____
- Tuberculosis
- Blood disorder *specify:* _____
- Skin condition *specify:* _____
- Asthma
- Heart condition *specify:* _____
- Arthritis
- Gastrointestinal issues *specify:* _____
- Stroke
- Diabetes
- Hepatitis A/B/C (circle one)
- Osteoporosis
- Cancer *specify:* _____
- Anxiety/Depression

FAMILY MEDICAL HISTORY:

Check any illness/conditions your immediate FAMILY has had

- High blood pressure
- High cholesterol
- Kidney disease *specify:* _____
- Thyroid problems *specify:* _____
- Lung disease *specify:* _____
- Blood clot *specify:* _____
- Tuberculosis
- Blood disorder *specify:* _____
- Skin condition *specify:* _____
- Asthma
- Heart condition *specify:* _____
- Arthritis
- Gastrointestinal issues *specify:* _____
- Stroke
- Diabetes
- Hepatitis A/B/C (circle one)
- Osteoporosis
- Cancer *specify:* _____
- Other: _____

OTHER MEDICAL HISTORY:

SURGICAL HISTORY and/or SURGICAL COMPLICATIONS:

Tobacco use:

- Never
- In the past - quit date: _____
- Presently
 - How much? _____
 - How long? _____

Alcohol use:

- Yes - avg # of drinks per week _____
- No

Other drug use (current or past):

- IV drugs
- other: _____

Exercise: _____

Dietary Restrictions: _____

Private Drug Plan: Yes No

Preventative Health:

List the **most recent** year and location of each as applicable

- Tetanus vaccine _____
- Flu vaccine _____
- Mammogram _____
 - All normal
 - Past abnormal
- Pap smear _____
 - All normal
 - Past abnormal
- PSA _____
- Colon cancer screen
 - Colonoscopy _____
 - Stool kit _____

Additional VACCINATIONS (e.g. Hepatitis A, typhoid, etc.)

CURRENT MEDICATIONS:

**Including over-the-counter medications and vitamins
attach a separate list if needed

ALLERGIES & REACTION:

Financial: Any trouble making ends meet at the end of the month?

Yes No

Please list any active medical concerns you wish to discuss:

