

# S&K Medical Center

1S376 Summit Ave  
Court C, Unit 4B  
Oakbrook Terrace, IL 60181

## Patient Medical History

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

List medical problems or surgeries:  
currently taking:

List Medications you are

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Do you or your family have a history of:

Family	Self		Family		Lung disease	Self			
	Y	N	Y	N		Y	N	Y	N
Heart disease	Y	N	Y	N	Lung disease	Y	N	Y	N
Diabetes	Y	N	Y	N	Cancer	Y	N	Y	N
Stroke	Y	N	Y	N	Gastrointestinal disease	Y	N	Y	N
High Blood Pressure	Y	N	Y	N	Neurological disease	Y	N	Y	N
Liver disease	Y	N	Y	N	Arthritis				
Kidney disease	Y	N	Y	N	OTHER				
Vein or artery disease	Y	N	Y	N	OTHER				

Do you have any allergies to medications:    Yes    No    If Yes, Please List:

Allergy to Penicillin?	Yes	No	
Allergy to Latex?	Yes	No	
Allergy to Seafood?	Yes	No	
Allergy to Dye?	Yes	No	

Do you drink?                      Yes    No    How many per week? \_\_\_\_\_

Do you smoke?                    Yes    No    For how long? \_\_\_\_\_    How many per day? \_\_\_\_\_

Do you use street drugs?    Yes    No

Do you have AIDS or AIDS-related illness?    Yes    No

Do you have a LIVING WILL in place?            Yes    No

### Women: Gynecologic History

NAME of OB/GYN \_\_\_\_\_

Date of Last PAP test \_\_\_\_\_ Date of Last  
Mammogram \_\_\_\_\_

All Patients:

Date of Last Tetanus Immunization \_\_\_\_\_

Date of Last Pneumococcal Immunization \_\_\_\_\_