

Channel Islands Family Practice and Urgent Care
PATIENT HISTORY

Name: _____ Age: _____ D.O.B. _____ Date: _____

Current Medications:

Medication Allergies:

Past Medical History:

Last eye exam: _____ Last Dental Exam: _____ Last Physical Exam: _____

Tetanus Vaccine: _____ (recommend booster every 10 years)

Flu vaccine: _____ (recommend yearly for high risk and over 65)

Covid vaccine: _____ (recommend children and adults)

Pneumonia vaccine: _____ (recommend age 65 and over every 7 years)

Hepatitis B vaccine: _____ (recommend children and high risk adults)

Hepatitis A vaccine: _____ (recommend for travel outside US and high risk)

Sigmoidoscopy: _____ (recommend every 3-5 years age 50 and over)

Colonoscopy: _____ (recommendations depend on history)

Have you ever had?

_____ High blood pressure _____ Kidney Disease _____ Anemia _____ Seizures

_____ Clotting disorders _____ Liver Disease _____ Diabetes _____ Asthma

_____ Heart Disease _____ Glaucoma _____ Migraine _____ Stroke

_____ Bleeding _____ Ulcers _____ Depression

_____ Drug/Alcohol Abuse _____ Nervousness _____ Other

Cancer (explain) : _____

Surgeries: _____

Family History: (any of the above conditions in any family members?)

Father: _____

Mother: _____

Siblings: _____

Aunts/Uncles/Grandparents: _____

Social History:

Occupation: _____ Marital Status: _____

Smoking: Packs per day: _____ Years smoked: _____ Years quit: _____

Do you drink alcohol? _____ How much? _____

Do you take or use drugs? _____ What and how often? _____

Female History: First day of last period: _____ Menopause/Hysterectomy: _____

Last PAP: _____ Normal? _____ Any Abnormal PAP? _____ When? _____

(Preventative Health: Pelvic exam yearly, PAP 6 mos – 2 yrs depends on age or past PAP)

Last mammogram: _____ Normal? _____ Any Abnormal? _____ When? _____

(Preventative Health: self breast exam monthly. Mammogram every 1-2 yrs 40 and over)

Breast Biopsy: _____ Was it cancer? _____ Number of pregnancies: _____ Live Births: _____

Abortions: _____ C-sections: _____ Vaginal Deliveries: _____ Hx. of vaginal infections: _____

Male History: History of hernia? _____ Penile infections/discharge/sores? _____ Prostate

Problems? _____ rectal/prostate exam: _____ Normal? _____ Difficulty urinating? _____

_____ (Preventative health: monthly self testicular exams, yearly rectal/prostate exams)
