MEDICAL HISTORY FORM

DATE: _____

Name: _____ **DOB:** _____/_____/_____

1) Personal Medical History:

a. Please check if you have a HISTORY of the following: □MI □Stroke □Heart Disease □Irregular Heartbeat □Heart Murmur □Hypertension □Elevated Cholesterol □Blood Clots □Blood Disorder □Seizures □Anxiety □Depression □Mental Disorders □Heartburn □Ulcers □Asthma □Thyroid Problems □Diabetes □Hepatitis □Cancer: Type: _____

b. Please check if you CURRENTLY have the following: □Fever □Chills □Weight Loss □Weight Gain □Difficulty Swallowing □Nausea □Vomiting □Diarrhea □Blood in Stool □UTI □Kidney Stones □Blood in Urine □Neck Nodes/Masses □Shortness of Breath □Pneumonia □Blood Transfusion □Other (Please Specify): _____

c. Past Surgeries and/or Hospitalizations (Please include the approximate dates):

_____

_____

d. Drug Allergies: □ **CHECK IF HAVE LATEX ALLERGY**

_____

2) Family Medical History:

a. Father: □Alive □Deceased □Unknown Age: _____

Present/Past Health or Cause of Death: _____

_____

b. Mother: □Alive □Deceased □Unknown Age: _____

Present/Past Health or Cause of Death: _____

_____

c. Brother: □Alive □Deceased □Unknown Age: _____

Present/Past Health or Cause of Death: _____

_____

d. Sister: □Alive □Deceased Age(s): _____

Present/Past Health or Cause of Death: _____

_____

e. Number of Children: _____ Age(s): _____

CONTINUED ON BACK

Social History: **Marital Status:** ☐Married ☐Single ☐Divorced ☐Widowed

Employment: ☐Employed ☐Unemployed ☐Retired ☐Disabled ☐Student

Tobacco Use: ☐Y ☐N_____Packs/Day ☐Former Tobacco User _____ Approx. Date Quit

Alcohol: ☐Y ☐N_____Drinks/Week

Medications:

Name of Pharmacy: _____ **City:** _____

Pharmacy Phone #: _____

Please list all medications you are currently taking (or provide list to registration clerk):

Medication Name	Dose	Frequency
1. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
2. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
3. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
4. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
5. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
6. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
7. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed
8. _____	_____	☐ # _____ per day
Reason for taking: _____		☐ Takes as needed