

## MEDICAL HISTORY FORM

PATIENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

Please fill out this form **COMPLETELY** to the best of your ability. These questions are a necessary part of your consultation and the answers are confidential. If you do not understand the question, leave the area blank.

Why are you seeing the doctor today? \_\_\_\_\_

### PERSONAL/SOCIAL HISTORY

Marital Status: Single/Married/Divorced/Separated/Widowed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### PERSONAL HABITS

#### Do you drink:

Coffee? Yes/No \_\_\_\_\_ cups /day  
Tea? Yes/No \_\_\_\_\_ cups/day  
Caffeinated soda? Yes/No \_\_\_\_\_ cans or bottles/day  
Alcohol? Yes/No \_\_\_\_\_ drinks/week

#### Do you:

Smoke cigarettes? Yes/No \_\_\_\_\_ packs/day for \_\_\_\_\_ years  
Chew tobacco? Yes/No \_\_\_\_\_ Do you have any tattoos? Yes/No \_\_\_\_\_  
Do you currently use any street/recreational drugs? Yes/No which ones? \_\_\_\_\_  
Have you ever used any street/recreational drugs? Yes/No which ones? \_\_\_\_\_  
Are you on any type of special diet? Yes \_\_\_\_\_ No \_\_\_\_\_

List any drug allergies: \_\_\_\_\_

List any food or environmental allergies: \_\_\_\_\_

Do you take Aspirin, Ibuprofen (Motrin, Advil) Naproxen (Alleve, Naprosyn) Tylenol (Acetaminophen)  
Ecotrin, Bufferin, Excedrin, Ascriptin Vitamins or Herbal Supplements

List any medications you take regularly: \_\_\_\_\_

### PAST MEDICAL HISTORY

Have you ever had any of the following medical problems or procedures? Check all that apply.

Allergies _____	Heart Attack _____
Anemia _____	Heart Murmur _____
Anxiety _____	Heart Surgery _____
Arthritis _____	High Blood Pressure _____
Asthma _____	HIV/AIDS _____
Bronchitis _____	Kidney Disease _____
Chest Pain _____	Osteoporosis _____
Depression _____	Pneumonia _____
Diabetes _____	Seizures _____
Difficulty Sleeping _____	Skin Disorders _____
Emphysema _____	Stroke _____
Frequent urinary tract infections _____	Thyroid Disorders _____
Headaches _____	Vaginal Bleeding _____

Signature of Patient, Parent or Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_