

# PATIENT HISTORY FORM

(PLEASE READ AND SIGN THIS DISCLOSURE)

NAME:

DOB:

## 1. TODAY'S VISIT

Reason for coming today?

Have you ever had these symptoms before?

If so, when & number of recurrences:

## 2. PERSONAL HISTORY (check all that apply)

### SECTION A:

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Hypertension            | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Mental Illness             | <input type="checkbox"/> Kidney/Urinary   |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Respiratory                | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Digestive  | <input type="checkbox"/> Ear, Nose & Throat         | <input type="checkbox"/> Liver            |
|  |                                     | <input type="checkbox"/> "None of which I am aware" | <input type="checkbox"/> Cancer (specify) |

### SECTION B:

1. Current Medical Conditions (other than the reason I am coming in today):

2. Past Medical Problems

3. Past surgeries (operations)

4. Pertinent Social History: (any activities or choices in your life you feel may adversely be affecting your health, examples: overeating, over exertion, or the answer may be "none")

5. Psychological History

6. Are you pregnant:

7. Tobacco Use:

Alcohol Use:

Drug Use:

## 3. FAMILY HISTORY: List all serious illnesses in your immediate family (i.e. diabetes, cancer, hypertension etc.)

Mother:

Father:

Child:

Brother:

Sister:

## 4. MEDICATIONS:

Do you have any Drug Allergies? YES \_\_\_ NO \_\_\_ If Yes, please list:

Are you currently taking any Medication? YES \_\_\_ NO \_\_\_ If Yes, please list:

"The above information is correct to the best of my knowledge."

Reviewed By:

\_\_\_\_\_  
 Patient or Parent/Guardian for minor, Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Practitioner's Signature