New Patient Medical Information Form

Name						Today's Date					
Date of Bi	rth			Date of Las	t Physical Exam						
Past Medical History Check ($\sqrt{\ }$) conditions you have or have had in the past.											
□AIDS □Chemical Dependency			☐ High Cholesterol		☐ Prostate Problem						
\square Alcoholism		\square Depression		☐HIV Positive		☐ Psychiatric Care					
□Anemia			□Diabetes		☐Kidney Disease		□Reflux				
□Anxiety			□Emphysema		☐Liver Disease		☐Rheumatic Fever				
☐ Appendicitis			□Epilepsy		□Measles		☐Skin Disorder				
☐Arthritis			□Glaucoma		☐Migraine Headaches		□Stroke				
□Asthma			□Goiter		□Miscarriage		☐Suicide Attempt				
☐ Bleeding Disorders			□Gonorrhea		□Mononucleosis		☐Thyroid Problem				
☐Breast Lump			□Gout		☐Multiple Sclerosis		□Tonsillitis				
☐ Bronchitis/COPD			☐Heart Disease		□Mumps		☐Typhoid Fever				
□Bulimia		□Hepatitis		□Osteoporosis		□Ulcers					
□Cancer		□Hernia		 □ Pacemaker		□ Vaginal Infections					
□Catarac	ts		□Herpe	Herpes		eumonia	□Venereal Disease				
Other Past Medical Problems:											
Allergies To) Medio	cations or Sub	stances		Other Care Providers List all providers you see.						
							,				
Family Hist	ory Fil	l in health inf	ormation al	oout your family.							
Relation	Age	State of	Age at	Cause of Death	Check ($\sqrt{\ }$) if, your blood relatives had any of the following Disease Relationship to You						
		Health	Death	Cause of Death	CHECK						
Father		Health	•	Cause or Death	CHECK						
Father Mother		Health	•	Cause of Death	CHECK	Disease					
		Health	•	Cause of Death	CHECK	Disease Arthritis, Gout					
Mother		Health	•	Cause of Death	CHECK	Disease Arthritis, Gout Asthma, Hay Fever	Relationship to You				
Mother		Health	•	Cause of Death	CHECK	Disease Arthritis, Gout Asthma, Hay Fever Cancer	Relationship to You				
Mother		Health	•	Cause of Death	CHECK	Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence	Relationship to You				
Mother		Health	•	Cause of Death	Cireck	Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence Diabetes	Relationship to You				
Mother Brothers		Health	•	Cause of Death	Cireck	Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence Diabetes Heart Disease, Stroke	Relationship to You				
Mother Brothers		Health	•	Cause of Death	Cireck	Disease Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence Diabetes Heart Disease, Stroke High Blood Pressure	Relationship to You				
Mother Brothers		Health	•	Cause of Death	Cireck	Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependent Diabetes Heart Disease, Stroke High Blood Pressure Kidney Disease	Relationship to You				
Mother Brothers Sisters Social History	•		•	Cause of Death		Disease Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence Diabetes Heart Disease, Stroke High Blood Pressure Kidney Disease Tuberculosis Other:	Relationship to You				
Mother Brothers Sisters Social Histor	oke, di	p, or chew?	•	Cause of Death	What i	Disease Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence Diabetes Heart Disease, Stroke High Blood Pressure Kidney Disease Tuberculosis Other:	Relationship to You				
Mother Brothers Sisters Social Histor Do you smoo	oke, di nk alco	p, or chew? hol?	Death	Cause of Death	What i	Arthritis, Gout Asthma, Hay Fever Cancer Chemical Dependence Diabetes Heart Disease, Stroke High Blood Pressure Kidney Disease Tuberculosis Other: s your religion? s your highest educati	Relationship to You EY PS On level?				
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Surgical History List any surgeries and/or serious injuries you have had.										
Date	Surgery/Serious Injuries									
Health Maintenance When was your last:										
Tetanus Shot:			Mammogra	Mammogram:						
Flu Shot:			Colonoscopy:							
Pneumonia Shot:			Bone Densi	Bone Density Test:						
Prevnar 13 Shot:			Pap Smear:							
Shingles Shot:			Eye Exam:	Eye Exam:						
Depression Screening Circle the answer that is most appropriate.										
Over the past two weeks, how often have you been bothered by any of the following problems?										
Little Interest or	pleasure in doing things:	Not at All	Several Days	More than Half the Days	Nearly Every Day					
Feeling down, de	pressed, or hopeless:	Not at All	Several Days	More than Half the Days	Nearly Every Day					
Trouble Falling or sleeping too muc	r staying asleep, or h·	Not at All	Several Days	More than Half the Days	Nearly Every Day					
	aving little energy:	Not at All	Several Days	More than Half the Days	Nearly Every Day					
Poor appetite or		Not at All	Several Days	More than Half the Days	Nearly Every Day					
• •	t yourself or that you are	1100 007111	Jevera. Days	Wiere than the Buys	rearry Every Buy					
_	let yourself or your	Not at All	Several Days	More than Half the Days	Nearly Every Day					
family down:	,	Not at 7 th								
•	rating on things, such as		C 15	Mana than Half tha David	Name - Francis Davi					
	paper or watching tv:	Not at All	Several Days	More than Half the Days	Nearly Every Day					
Moving or speaki	ng so slowly that other									
people could hav	e noticed or the									
opposite-being so	o fidgety or restless that	Not at All	Several Days	More than Half the Days	Nearly Every Day					
you have been m	obbing around a lot									
more than usual:										
	u would be better off	Not at All	Several Days	More than Half the Days	Nearly Every Day					
	g yourself in some way			<u> </u>						
If you circled any problems on this questionnaire: so far how difficult have these problems made it for you to work, take care of things at home, or get along with other people?										
Not Difficult at A	t Extremely Diffic	cult								
Not Difficult at All Somewhat Difficult Very Difficult Extremely Difficult Pharmacy List any pharmacies you use, including mail order pharmacies.										
•		-								