



A Lifetime of Care.

Patient History

Fully color in the circles like shown below.

Applies to the patient:

Does not apply to patient:

Name: _____ Date: _____

Past Medical History

High blood pressure	<input type="radio"/> Yes	Diabetes	<input type="radio"/> Yes
High cholesterol	<input type="radio"/> Yes	Heart disease	<input type="radio"/> Yes
Thyroid disease	<input type="radio"/> Yes	Asthma	<input type="radio"/> Yes
Emphysema	<input type="radio"/> Yes	Depression	<input type="radio"/> Yes
Anxiety	<input type="radio"/> Yes	Cancer	<input type="radio"/> Yes
Epilepsy	<input type="radio"/> Yes	Fibromyalgia	<input type="radio"/> Yes
GERD	<input type="radio"/> Yes	IBS	<input type="radio"/> Yes
Other	<input type="radio"/> Yes		

Surgical History

Appendectomy	<input type="radio"/> Yes	Gall bladder	<input type="radio"/> Yes
Heart bypass surgery	<input type="radio"/> Yes	Hernia repair	<input type="radio"/> Yes
Heart catheterization	<input type="radio"/> Yes	Heart stent	<input type="radio"/> Yes
Other stent	<input type="radio"/> Yes	Gastric bypass	<input type="radio"/> Yes
Lap band	<input type="radio"/> Yes	Colon surgery	<input type="radio"/> Yes
Intestine surgery	<input type="radio"/> Yes	Hip replacement	<input type="radio"/> Yes
Knee replacement	<input type="radio"/> Yes	Hysterectomy	<input type="radio"/> Yes
Prostate Surgery	<input type="radio"/> Yes	Thyroidectomy	<input type="radio"/> Yes
Tonsillectomy	<input type="radio"/> Yes	Cataract	<input type="radio"/> Yes
Adenoidectomy	<input type="radio"/> Yes	Lasik	<input type="radio"/> Yes
PE tubes	<input type="radio"/> Yes	Other	<input type="radio"/> Yes

Social History

Employed	<input type="radio"/> Yes	<input type="radio"/> No
Smoking	<input type="radio"/> Yes	<input type="radio"/> No
Other tobacco	<input type="radio"/> Yes	<input type="radio"/> No
Alcohol	<input type="radio"/> Yes	<input type="radio"/> No
Recreational drug use	<input type="radio"/> Yes	<input type="radio"/> No
Regular exercise	<input type="radio"/> Yes	<input type="radio"/> No
Marital status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Living with someone		



A Lifetime of Care.

Patient History

Family History

*You may bubble more than one option

Father

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Mother

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Paternal Grand Father

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Paternal Grand Mother

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Maternal Grand Father

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Maternal Grand Mother

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Siblings

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke

Children

- Diabetes Heart Disease High Blood Pressure High Cholesterol
 Cancer Psychiatric Disease Stroke