ADULT MEDICAL HISTORY FORM

NAME		DOB		D	ATE	
Person filling out form, if differen	ent from above					
ALLERGIES						
Occupation:						
☐ Single ☐ Ma	arried	☐ Divorced ☐	Wido	wed		
	AMILY HISTORY- Please circloers (Parents, Grandparents, A					for any
Y F Arthritis Y F Asthma Y F Blood Disease Y F Breast Lumps Y F Bronchitis Y F Cancer/ Tumor Y F Depression Y F Diabetes Y F Emphysema / COPD	Y F Epilepsy Y F Gallstones Y F German Measles Y F Glaucoma Y F Gout Y F Heart Problems Y F Hemorrhoids Y F Hepatitis □A □B □C Y F Hernias	Y F High Blood Pres Y F Kidney Problems Y F Liver Disease Y F Lung Problems Y F Major Injury Y F Measles Y F Mental Problems Y F Migraines Y F Pancreatitis	oblems Passe			
OTHER HISTORY		SOCIAL HISTORY	No	Yes	Qty Daily	Past History
		Alcohol				
PAST HOSPITALIZATIONS/ SURGERIES (inc. year)		Tobacco				
		Coffee/Tea/Caffeine				
		Exercise				
		Street Drugs				
		Sileet Diugs				
FOR ALL PATIENTS: Dates of	of most recent known exams	/tests/immunizations:				
Complete Physical Exam		Tetanus Vaccine w/ Pertussis (Tdap)				
Blood Sugar (Glucose) Test		Flu Vaccine				
Stool Checked for Blood		Pneumonia Vaccine				
Flexible Sigmoidoscopy/Procto/Colonoscopy		Hepatitis B Vaccine				
Chest X-Ray		Herpes Zoster Vaccine				
EKG		Meningococcal Vaccine				
Cholesterol Check TB Skin Test						
PREVENTION MEASURES:						
Do you perform skin self exams?						
Do you take vitamins? Y N Calcium? Y N Folic Acid? Y N						
Do you have emotional problem		Depression Anxiet	у <u></u>	Panic A	ttacks 🔝 Ot	her
Have you been abused? N		tionally Sexually				
Have you been exposed to: Have you traveled outside the		is Other Y Where?				
Are you sexually active? Y		i villele:				
With whom do you prefer to ha		Both Do you	use co	ondoms	2 N N	V
When was your last dental exa		When was your la				
Do you perform breast self-exa		Do you perform tes				Y
FOR WOMEN ONLY: Past Of		• •			, , _	
Age at first period		Number of times pregnant				
Age of stopping periods		Number of miscarriages				
First day of last period (if still having periods)		Have you ever used contraceptive pills?				
Length of time between periods		What type of contraception do you currently use?				
How long do your periods last?		Have you ever had an abnormal Pap smear?				
When was your last mammogr	Date of last pelvic exam/pap smear					

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