



## Your Medical Information

**Please Print.**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Preferred Language \_\_\_\_\_

CONTACT: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Weight Up/Down **Y/N** Steady? **Y/N** \_\_\_\_\_ Weight \_\_\_\_\_ Current Age \_\_\_\_\_

Blood Pressure Up/Down **Y/N** Steady? **Y/N** Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** ..... Please check here if you continued on the back

Does anyone in your family suffer from any of the following? If yes, who?

Diabetes **Y/N** \_\_\_\_\_ Heart Disease **Y/N** \_\_\_\_\_ High Blood Pressure **Y/N** \_\_\_\_\_

Arthritis **Y/N** \_\_\_\_\_ Kidney Problems **Y/N** \_\_\_\_\_ Cancer **Y/N** \_\_\_\_\_

**SOCIAL HISTORY:** ..... Please check here if you continued on the back

Do you smoke? **Y/N** \_\_\_\_\_ If yes, how much? \_\_\_\_\_ how long? \_\_\_\_\_

Do you drink? **Y/N** \_\_\_\_\_ If yes, how much? \_\_\_\_\_ how long? \_\_\_\_\_

### **YOUR MEDICAL HISTORY:**

Do you suffer from any of the following? Yes/No. Please explain. Check here if you continued on the back

Diabetes **Y/N** \_\_\_\_\_ Heart Disease **Y/N** \_\_\_\_\_ High Blood Pressure **Y/N** \_\_\_\_\_

Arthritis / Joint Problems **Y/N** \_\_\_\_\_ Kidney /Urinary Problems **Y/N** \_\_\_\_\_ Stomach Problems **Y/N** \_\_\_\_\_

Cancer **Y/N** (type) \_\_\_\_\_ Lung or Breathing Problems **Y/N** \_\_\_\_\_

Skin/Dermatologic Problems **Y/N** \_\_\_\_\_ Depression or Psychiatric Problems **Y/N** \_\_\_\_\_

Anything else you'd like us to be aware of regarding your care or medical history? \_\_\_\_\_

Please list **PAST SURGICAL HISTORY** (only last 5 years) .....

Surgery Type \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

Surgery Type \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

Allergies to medications **Y/N** \_\_\_\_\_

Medication allergic to is called \_\_\_\_\_ It casuses this reaction in me \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_