

Adult Past Medical History

Please Print All Information Neatly

Name: _____ Date: _____

Major/Chronic Illness: Check any major diseases you have as listed below:

<input type="checkbox"/>	Coronary Artery Disease	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Congestive Heart Failure	<input type="checkbox"/>	Cancer (Type: _____)	<input type="checkbox"/>	Kidney Failure
<input type="checkbox"/>	Pulmonary Illness (COPD)	<input type="checkbox"/>		<input type="checkbox"/>	

Other Illnesses: Indicate all other illnesses you have had.

Injuries: Have you had any of the following:

Broken/cracked bones (give bone and date): _____

Severe sprain/dislocation (give joint and date): _____

Concussion, head injury/loss of consciousness: _____

Surgeries: List all operations or surgeries (tonsils, appendix, hysterectomy, gallbladder etc) and dates:

Hospitalizations: Have you ever been hospitalized for any illness? Give dates and details:

Previous Medical Specialists: _____

Adult Past Medical History (cont.)

Women Only

Age at first period: _____ Age at menopause: _____

Abnormalities (paps/periods): _____

Type of birth control uses: _____

Number of pregnancies: _____ Pregnancy Complications: _____

Number of Children: _____

Year of Birth(s)	Type(s) of Birth(s) – Vaginal or C-section

Adult Social History

Tobacco: _____ Alcohol/Drugs: _____

Caffeine: _____ Exercise: _____

Occupation: _____ Education Level: _____

Marital Status: _____ Lives with: _____

Religion: _____ Congregation/Church: _____

Living Will/Durable Power of Attorney: _____ Yes _____ No

(If yes, please provide a copy for our office chart)

Medications

Medication Allergies: _____

Pharmacy: _____

Medication: Please list medication you currently take regularly (including over the counter meds and supplements).

Name	Dosage (mg)	# Pill Per Dose	# Doses Daily	Reason for Taking Medication