

Do not write, stamp, punch holes or affix a sticker in this area. To reproduce, follow the printing instructions.

# Patient History

Please answer every question

Handwritten items must be entered **MANUALLY**. Fold only on the dotted lines.

## Marking Instructions

Please use a #2 pencil. Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Grid for patient's last name

Grid for patient's date of birth (Month, Day, Year)

## PAST MEDICAL HISTORY

Please indicate if **YOU** have had any of the following. Mark all that apply.

- NONE
- Acid Reflux / GERD
- Alcohol Abuse
- Anxiety
- Arthritis
- Asthma
- Atrial Fibrillation
- Back Pain
- Heart Failure
- Heart Murmur
- Hemorrhoids
- Hepatitis
- Hernia (inguinal)
- Hernia (umbilical)
- Hernia (ventral)
- High Blood Pressure

- Stomach Ulcer
- Stroke / TIA
- Thyroid Problems
- Ulcerative Colitis
- Vascular Disease

Other Significant Medical Illness:

\_\_\_\_\_

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- Bladder Problems
- Breast Mass
- Chest Pain
- Cirrhosis
- Crohn's Disease
- COPD
- Depression
- Diabetes
- Diverticulosis
- Emphysema
- Enlarged Prostate
- Gallstones
- Heart Attack
- High Cholesterol
- History of Blood Transfusions
- HIV Positive
- Home Oxygen Use
- Kidney Failure
- Kidney Stones
- Migraines
- Pancreatitis
- Problems with Anesthesia
- Pulmonary Embolism / Blood Clot in Legs
- Seizures
- Sickle Cell Disease
- Sleep Apnea

### Cancer:

- Breast
- Cervical
- Colon
- Lung
- Melanoma / Skin
- Ovarian
- Pancreatic
- Prostate
- Rectal
- Thyroid
- Other Cancer: \_\_\_\_\_

Have you had a colonoscopy:  within last year  1-5 years ago  5-10 years ago  >10 years ago  never

## REPRODUCTIVE HISTORY (WOMEN ONLY)

Age at first period:  7  8  9  10  11  12  13  14  15  16  17

Are your periods regular?  yes  no

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Contraceptive history:  oral contraceptive pills  contraceptive injection  
 contraceptive implant  progesterone IUD

If you have gone through menopause, what age were you?  <45  46-50  51-55  56-60  >60

Number of pregnancies:  0  1  2  3  4  5  6  7  8  9  10

Number of live births:  0  1  2  3  4  5  6  7  8  9  10

Age at first pregnancy:  <15  15-20  21-25  26-30  31-35  36-40  >40

If you had children and breastfed them, how many months did you breastfeed?  3-6  7-12  12-24  >24

Have you had a mammogram:  within last year  1-3 years ago  >3 years ago  never

Have you had a pap smear:  1-5 years ago  >5 years ago  never

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## SOCIAL HISTORY

<b>Smoking:</b>	never smoked <input type="radio"/>	currently smoke (some days) <input type="radio"/>
	former smoker <input type="radio"/>	currently smoke (every day) <input type="radio"/>
<b>Alcohol:</b>	never <input type="radio"/>	heavily <input type="radio"/>
	occasionally <input type="radio"/>	quit recently <input type="radio"/>
	moderately <input type="radio"/>	quit a long time ago <input type="radio"/>
<b>Caffeine:</b>	none <input type="radio"/>	tea <input type="radio"/>
	coffee <input type="radio"/>	carbonated beverages <input type="radio"/>
	never <input type="radio"/>	yearly <input type="radio"/>
<b>Illicit drugs:</b>	socially only <input type="radio"/>	quit recently <input type="radio"/>
	daily <input type="radio"/>	quit a long time ago <input type="radio"/>
	weekly <input type="radio"/>	
	monthly <input type="radio"/>	prefer to discuss with provider <input type="radio"/>

please fold on dotted line

## FAMILY MEDICAL HISTORY

Please indicate which family members have had these illnesses:

Family History Unknown  NONE

	Father	Mother	Brother	Sister	Son	Daughter	Other
Alcohol Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthetic Complication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleeding Disorder (such as Anemia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon Polyps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung / Respiratory Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ovarian Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancreatic Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures / Convulsions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke / CVA of the Brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Bowel Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Mother, Grandmother, or Sister developed heart disease before the age of 65
- Father, Grandfather, or Brother developed heart disease before the age of 55

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## SURGICAL HISTORY Please mark all surgeries you have had:

I Have Had No Surgeries

- |  |  |
|--|--|
| <input type="radio"/> Anal Fissure Repair                        | <input type="radio"/> Oral Surgery               |
| <input type="radio"/> Aneurysm Repair                            | <input type="radio"/> Pancreas Surgery           |
| <input type="radio"/> Appendectomy                               | <input type="radio"/> Sentinel Lymph Node Biopsy |
| <input type="radio"/> Bypass Surgery for Poor Blood Flow to Legs | <input type="radio"/> Small Bowel Surgery        |
| <input type="radio"/> Dialysis Shunt / Fistula                   | <input type="radio"/> Splenectomy                |
| <input type="radio"/> Heller Myotomy                             | <input type="radio"/> Thyroid Surgery            |
| <input type="radio"/> Hemorrhoidectomy                           | <input type="radio"/> Tonsillectomy              |
| <input type="radio"/> Liver Surgery                              | <input type="radio"/> Vasectomy                  |
| <input type="radio"/> Nissen Fundoplication                      |  |

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	Left	Right	Both	Multiple Times
Carotid Artery Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laparoscopic Inguinal Hernia Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open Inguinal Hernia Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ventral / Umbilical Hernia Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Cancer Lump Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mastectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Breast Augmentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Breast Reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Breast Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cataract Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Foot Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hip Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Kidney Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Knee Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lung Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ovary Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Shoulder Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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- |   |                                       |  |
|---|---------------------------------------|--|
| <b>Caesarean Section</b>                | <input type="radio"/> 1               | <input type="radio"/> >1                 |
| <b>Colon Polyp Removal</b>              | <input type="radio"/> Open            | <input type="radio"/> Colonoscopy        |
| <b>Colon Removal</b>                    | <input type="radio"/> Partial         | <input type="radio"/> Complete           |
| <b>Gallbladder Surgery</b>              | <input type="radio"/> Open            | <input type="radio"/> Laparoscopic       |
| <b>Heart</b>                            | <input type="radio"/> Bypass          | <input type="radio"/> Valve              |
| <b>Hysterectomy (due to cancer)</b>     | <input type="radio"/> Partial         | <input type="radio"/> Complete           |
| <b>Hysterectomy (not due to cancer)</b> | <input type="radio"/> Partial         | <input type="radio"/> Complete           |
| <b>Prostate Surgery</b>                 | <input type="radio"/> TURP            | <input type="radio"/> Prostatectomy      |
| <b>Spinal Surgery</b>                   | <input type="radio"/> Neck            | <input type="radio"/> Lower Back         |
|   | <input type="radio"/> Mid Back        |  |
| <b>Weight Loss Surgery</b>              | <input type="radio"/> Gastric Bypass  | <input type="radio"/> Sleeve Gastrectomy |
|   | <input type="radio"/> Lapband Surgery |  |