

Medical History Form

Patient Name _____ Chart # _____
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Live in partner

Reason for visit :

Yearly exam? _____

Problem? Please give brief explanation- _____

Past Medical History—Do you have any of the conditions listed below.

- | | | |
|--|---|---|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Gallbladder Problems | <input type="checkbox"/> Cancer (What Kind) _____ |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Arthritis (Rheumatoid) |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke, CVA |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Seizure Disorders |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Anemia | <input type="checkbox"/> Mental Disorders |
| <input type="checkbox"/> Genetic Disease | <input type="checkbox"/> Deep Venous Thrombosis | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Lupus | <input type="checkbox"/> Lung Problems |
| <input type="checkbox"/> Crohns Disease | <input type="checkbox"/> Breast Disease | <input type="checkbox"/> Kidney Disorders/Stones |

Please explain or list other problems _____

Have you ever had an abnormal pap or procedure on cervix? ☐ Yes ☐ No If so what year? _____

Have you ever had a sexually transmitted disease? _____
 (Herpes, Gonorrhea, Chlamydia, AIDS, Trichomoniasis, HPV, Syphilis)

Past Surgical History—Please list date, surgery, and hospital for all surgeries, also list colonoscopy.

DATE	TYPE OF SURGERY	HOSPITAL

PLEASE BRING ALL MEDICATIONS TO APPOINTMENT

Allergies---Please list all medications you are allergic to and the reaction you had such as swelling, hives, rash, itching, etc...

MEDICATION	REACTION