



Medical History

To be completed by Patient's Primary Physician

Patient Name: _____ SS#: _____ DOB: _____

Family Physician: _____ Tel #: _____

Last seen: _____ Reason: _____

Current Medications:

Past Medical History:

Past Surgical History:

Past Hospitalizations:

Allergies to medications: _____

Any current illness issues/upcoming surgeries: _____

History of: ___Hepatitis ___TB ___HIV/AIDS ___Abnormal Liver tests

History of suicidal thoughts or attempts: _____

Family history of substance abuse/addiction: Y/N: _____

Physically or sexually abused: Y/N: _____

SEE BACK →

PHYSICAL EXAMINATION

T _____ P _____ BP _____ WT _____ HT _____ Gen appearance: _____

HEENT: _____
Thyroid/Neck _____
Heart _____
Lungs _____
Chest/Breast _____

ABC: _____
BACK _____
Neuro _____
Extrem _____
Skin _____

Signs Withdrawal:
Pupils _____
Rhinorrhea _____
Lacrimination _____
Perspiration _____
Pilorection _____
Increase Temp _____
Increase PB _____
Tachycardia _____
Vomiting _____
Diarrhea _____

Note of any tracks, needle marks and scars: _____

LAB TESTS RESULTS

HIV _____

TESTOSTERONE _____

ACUTE HEPATITIS PANEL _____

URINE HCG _____

RPR (Syphilis Screen) _____

UDS with GCS
(For Vicoden & Oxycontin) _____

HEPATIC PANEL _____

CBC with Diff _____

BMP (Basic Metabolic Panel) _____

Date of results: _____

Physician Name: _____

Signature: _____

Date: _____

Patient Name: _____