

NAME _____ DATE _____

Past Medical/Social/Family History

PLEASE COMPLETE FULLY FOR NEW PATIENT/UPDATES FOR ESTABLISHED PATIENTS

(circle or write in appropriate responses)

PAST MEDICAL HISTORY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

MEDICATIONS

<u>medication</u>	<u>dose</u>	<u>frequency</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

PAST SURGICAL HISTORY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

MEDICATION ALLERGIES:

<u>medication</u>	<u>reaction</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	

FAMILY HISTORY

<u>illness</u>	<u>who?</u>
aneurysm (chest/abdomen)	
aneurysm (brain)	
asthma	
breast cancer	
colon cancer	
diabetes (type 2)	
diabetes (type 1)	
heart disease	
high cholesterol	
hypertension	
prostate cancer	
stroke	
thyroid disease	
other	

SOCIAL HISTORY

status:	married	divorced
	single	widow/er
occupation:		
tobacco use:	current	former
	never	smoke/smokeless
alcohol:	current	former
	never	some days/everyday
drug use:	current	former
	never	type:

IMMUNIZATIONS

<u>immunization</u>	<u>date</u>
1. tetanus	
2. Pneumovax	
3. Prevnar	
4. Shingrix	
5. other:	