



**PATIENT MEDICAL HISTORY**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Primary Practitioner: \_\_\_\_\_ Rev. 6/07

✓	CHECK WHAT APPLIES	✓	CHECK WHAT APPLIES	✓	CHECK WHAT APPLIES
	Asthma		<b>Depression</b>		<b>Sexual Activity</b>
	Elevated blood pressure		Down		No activity
	Elevated cholesterol		Hopeless		Safe sex
	Coronary Heart Disease		Little Interest or pleasure		Same partner
	Diabetes Mellitus Type 1				Multiple partners
	Diabetes Mellitus Type 2		<b>Personal Information</b>		
	Emphysema/COPD		Married		<b>Contraception</b>
	Gerd		Single		Tubal Ligation
	Thyroid Disease		Widowed		Vasectomy
	Breast Cancer		Divorced		Hysterectomy
	Colorectal Cancer		Engaged		Oral Contraceptive
	Skin Cancer		In Relationship/Significant Other		Condoms
	Other Cancer		Children		Spermicide
	Obesity		Sons / number		IUD
	Osteoporosis		Daughters / number		Diaphragm
	Arthritis				Other
	Rheumatoid Arthritis		Do you feel safe in your		None
	Lumbar Disc Disease		current relationship/environment?		
	Prostate Problems		Yes No		
	Alcoholism				
	Depression		<b>Occupation-mark appropriate box</b>		
	Other Mental illness		Student		<b>List Hospitalizations</b>
	Epilepsy/Seizures		Part-time	A.	Date
	Other		Full-time	B.	
			Homemaker	C.	
			Retired	D.	
				E.	
				F.	
	<b>List # for the Following</b>	<b>#</b>			
	Past Pregnancies				
	Live Births				
	Miscariages		<b>NUTRITION</b>		
	Vaginal Deliveries		√ All that apply		
	Cesarean Sections		Regular Diet		<b>List Surgeries</b>
	Miscariages				Date
	<b>CHECK WHAT APPLIES</b>	<b>✓</b>	Trying to eat small, frequent meals	A.	
	Non Smoking		Difficulty with chewing	B.	
	Ex-Smoker		Need foods altered in consistency	C.	
	# yrs quit _____			D.	
			Special Diet Yes ___ No ___	E.	
			What: _____	F.	
	Smoking				<b>List Colonoscopies</b>
	# yrs smoking _____		Limit fat/cholesterol	A.	Date
	# packs/day _____		Limit salt	B.	
			Consistent carbohydrates/diabetic	C.	
	Occasional Smoker		Avoid carbohydrates		
	Chewing Tobacco		Avoid sweets		<b>List Mammographies</b>
				A.	Date
				B.	
				C.	
	<b>Alcohol Use</b>		<b>Exercise</b>		
	Abstains		None - sedentary		
	Social Drinker		Occasionally - light walking		
	Alcoholic		Regular-4 X per week/light activity		<b>List Procedures</b>
			Aerobic	A.	Date
	<b>Recreational Drug Use</b>		Aerobic with lifting, walking 3 X Wk	B.	
	Yes			C.	
	No			D.	

