

# PATIENT MEDICAL HISTORY

**Patient's Name:**

**For Office Use Only**

ID:

**Address:**

**Today's Date:**

**Date of Last Visit:**

**Date of Med. History:**

**City State Zip:**

**Email:**

**Home Phone:**

**Work Phone:**

**Birth Date:**

**Social Security No.:**

**Marital Status:**

**Guarantor 1:**

**Home Phone:**

**Work Phone:**

**Guarantor 2:**

**Home Phone:**

**Work Phone:**

**Physician Name:**

**Physician Phone:**

**Pharmacy:**

**Pharmacy Phone:**

**For Office Use Only**

**Medical Alerts:**

**Sex:**

**If female please answer the following:**

Y N

Are you taking Birth Control Pills?

Are you pregnant?

If Yes, # of weeks

Are you nursing?

**Please answer the following:**

Y N

Do you smoke or use tobacco?

Height:

**For Office Use Only**

BP

Heart Rate:

Weight:

Y N **Conditions**

- Abnormal Bleeding
- Alcohol Abuse
- Allergies
- Anemia
- Angina Pectoris
- Arthritis
- Artificial Bones
- Artificial Heart Valve
- Asthma
- Blood Transfusion
- Cancer- Chemotherapy
- Colitis
- Congenital Heart Defect
- Cosmetic Surgery
- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Fainting Spells
- Fever Blisters
- Frequent Headaches

Y N **Conditions**

- Glaucoma
- Hay Fever
- Heart Attack
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B
- High Blood Pressure
- HIV+ AIDS
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Mitral Valve Prolapse
- Pace Maker
- Pneumocystitis
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Shingles
- Sickle Cell Disease
- Sinus Problems

Y N **Conditions**

- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers
- Venereal Disease
- Yellow Jaundice

Y N **Allergies**

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Jewelry
- Latex
- Metals
- Penicillin
- Tetracycline

**Other**

**Medications:**

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Y N

Is there any disease, condition, or problem that you think this office should know about that is not covered above?  
If yes, please describe below...

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**Notes:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(If Under 18, Parent or Guardian Signature Required)