MEDICAL & FAMILY HISTORY

NAME: ____

TODAY'S DATE: ____________________ **DATE OF BIRTH:** ____________________________

REASON FOR VISIT: ____

FAMILY PHYSICIAN: ______________________**REFERRING PHYSICIAN:** ________________

Allergies:

None Demerol Morphine Penicillin Sulfa Versed Other _____________________

Past Or Present Medical Problems:

None	**Crohn's Disease**	**Hemorrhoids**	**Kidney Disease Stones**	**Reflux**
Anemia	**Depression**	**Hepatitis A**	**Leukemia/Lymphoma**	**Seizures**
Arthritis	**Diabetes**	**Hepatitis B**	**Liver Cancer**	**Stomach Cancer**
Asthma	**Diverticulosis**	**Hepatitis C**	**Liver Disease**	**Stroke**
Back Problems	**Emphysema COPD**	**Hepatitis, other**	**Lung Cancer**	**Ulcer**
Breast Cancer	**Esophageal Cancer**	**High Blood Pressure**	**Pancreatic Cancer**	**Ulcerative Colitis**
Colon Cancer	**Gallstones**	**History of Blood Transfusion**	**Pancreatitis**	
Colon Polyps	**Heart Attack**	**Irritable Bowel Syndrome**	**Prostate Cancer**	**Other**____________

Surgeries/Hospitalization/Procedures:

None	**Colon Resection**	**Hiatal Hernia**	**Obesity Surgery**
Appendectomy	**Colonoscopy**	**Hysterectomy**	**Prostate**
C-Section	**Colostomy**	**Joint Replacement**	**Radiation Therapy**
Cardiac Surgery	**EGD**	**Liver Biopsy**	**Small Intestine Resection**
Cholecystectomy (Gallbladder)	**ERCP**	**Mastectomy**	**Stomach Surgery**

Other ____

Social History – Marital Status:

Single Separated Married

Divorced Widowed

Social History – Recreational Drug Use:

I have never used I currently use

I have used in the past I have been treated for abused

Social History – Alcohol Use:

Never More than 2 days/week

Rarely 2 days or less/week

Daily I quit using alcohol

Social History – Tobacco Use:

I use tobacco I have never used tobacco

1 pack/day or more Less than 1 pack/day

I quit using tobacco products

REVIEW OF SYMPTOMS

Gastrointestinal:

None Blood in stool Diarrhea Milk Intolerance Trouble Swallowing

Abdominal Pain Constipation Heartburn Soiling Other ___________________

Genitourinary:

None Other__________________________

Frequent urinary infections

Change in urinary frequency

Sexually transmitted disease

Blood in urine

Sexual difficulty

***MALE*:**

Testicle problems

***FEMALE*:**

Heavy periods

Breast lump

Skin:

None Psoriasis

Jaundice Rash

Nodules Skin cancer

Overall Itching

Other________________

Cardiovascular:

None Irregular heart beat Shortness of breath Pacemaker

Angina/Chest pain w/activity Pain in legs w/walking Swelling of legs

Other ______________

Neurological:

None Weakness in arms

Chronic Numbness/Tingling Weakness in legs

Endocrine:

None Thyroid problem

Diabetes/taking insulin

Dizziness

Paralysis Other ________________________

Diabetes other (oral/no meds)

Other ________________________________

Constitutional:

None Poor Appetite

Fatigue Weight Gain

Fever Weight loss

Night sweats Other ______________________

Psychiatric:

None Depression

Abnormal Sleep Memory loss/confusion

Bipolar disorder

Chronic Anxiety Other __________________

Eyes:

None Glaucoma

Cataracts Inflammation

Change in vision Other__________________

Hematologic:

None Frequent bruising

Bleeding doesn't stop easily

Enlarged Glands Other _________________

Ears, Nose and Throat:

None Mouth Sores

Bleeding gums Nose bleeds

Chronic Sinusitis Ringing in ears

Hearing loss

Hoarseness Other ______________________

Musculoskeletal:

None Disc Problem

Arthritis Sciatica

Back Pain Swollen joints

Chronic stiff joints Other_________________

Respiratory:

None Coughing up blood

Chronic Airway Disease

Chronic cough Other ________________

Immunologic:

None Pneumonia

Ear infections

Flu Other _____________________________

Medications:

None **Aspirin** **Coumadin** **Plavix**

Please list any other medications you are taking and how often:

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FAMILY HISTORY

	Father	Mother	Children	Brother	Sister	Grandmother	Grandfather
Breast Cancer							
Colitis							
Colon Cancer (Age at diagnosis):	______	____	____	____	____	____	____
Colon Polyps							
Crohn's Disease							
Gastric Cancer							
Heart Problems							
Liver Disease							
Pancreatic Cancer							
Skin Cancer							
Other							