

Patient Health Information

Patient Name _____
First Middle Last

Birth date _____ Age _____ Sex _____ SS# _____ or last 4 of
SS# _____

Street Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Marital Status (circle): Single - Married - Divorced - Separated - Widowed

Race/Ethnicity (circle): Caucasian - African American - American Indian - Asian
Native Hawaiian or Pac. Islander - Multi-Racial - Hispanic

Employer/Occupation: _____

Referred By: _____

Primary Care Physician _____ Last Exam _____

Primary Insurance: _____ Secondary: _____

Insured Name (if not patient) _____ Birth date _____

Relationship to patient _____ SS# _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Reason for Visit: _____

Patient Health Information

Past Medical History (circle)

Anemia Y N
 Anxiety Y N
 Asthma Y N
 Bleeding Y N
 Disorder
 Cancer Y N
 Type: _____
 Diabetes Y N

Heart Attack Y N
 High Blood Pressure Y N
 Kidney Stones Y N
 Skin Cancer Y N
 Stroke Y N
 Thyroid Disorder Y N
 Misc: _____

Hepatitis Y N
 Aids/HIV Y N

Past Surgeries/Significant Illness

Procedure	Date	Surgeon
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Significant Family History/Illness: _____

List All Allergies

Reactions to medications, drugs, suture, tape and Type of reaction (i.e., hives, rash, and breathing disorders)

Allergy	Reaction	Allergy	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List All Medications

Please list all medications, over the counter, herbal medications, diet pills, birth control.

Medication	Dose	Medication	Dose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Social History

Height: _____

Weight: _____

(please circle)

Smoking: Y N

Alcohol: daily - social - never

Exercise: _____ days a week

How Much: _____

Cardio – walking- weights -yoga

Female Patients: Pregnant Y N

Lactating: Y N