

In order to better meet your health care needs, we would like to know more about you. Please help us by completing the following—feel free to use the back of the paper, if necessary.

Please tell us about your past medical history, including long term problems, serious past illnesses, and serious injuries with approximate dates of diagnosis.

Please list any surgeries you have had, with approximate dates.

List any allergies you have including medications, and others such as animal dander, seasonal/pollen, or food sensitivities:

Please tell us all the medications, vitamins, herbs and over the counter drugs you take, and dosages if known:

Do you use tobacco in any form, alcohol, caffeine or recreational drugs like marijuana? If so, how much and for how long?

Please tell us about your immunizations: Last year of Tetanus booster _____, Pneumonia vaccine _____, influenza vaccine _____, Shingles vaccine _____

Tell us about illnesses in your blood relatives (parents, brothers and sisters, grandparents, children); who, if anyone, has had:

A stroke?

Heart attacks, angina, stents, angioplasty, or bypass surgery?

High blood pressure?

High cholesterol?

Cancer? (What kind?)

Depression, alcoholism, or drug abuse?

Diabetes?

What type of work do/did you do?

Do you get regular exercise?

Tell us about your household—who lives with you?

For HIPPA compliance and to respect your privacy, please sign and date this below if you give us authorization to talk to your spouse (or specify other family) about your lab results and health problems-

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