

⊗ In order to better meet your health care needs, we would like to know more about you. If you're new to the clinic or we haven't seen you in awhile, would you please complete the following information?

Please list your past medical history including chronic conditions, serious illnesses and injuries with date of diagnosis.

Please list any surgeries you have had with approximate dates.

Please list your allergies including medications, and others such as animal dander, season, and food.

Do you use nicotine, alcohol, caffeine or recreational drugs like marijuana? How much and for how long?

What is your immunization history: Year of last tetanus _____, Flu vaccine _____, Pneumonia vaccine _____?

Please check your appropriate family history.

	MOM	DAD	SIS	BRO	Mom's MOM	Mom's DAD	Dad's MOM	Dad's DAD
Stroke								
↑ Cholesterol								
High BP								
Thyroid disease								
Cancer/Kind?								
Alcoholism								
Depression								
Heart Attack								
Diabetes								
Other								

Please list all the medications, vitamins, herbals and over the counter drugs you are using
