Health History

(Confidential)

Frederick Primary Care Associates

PATIENT INFORMATION

Name		Today's Date
Date of Birth	Age	Date of Last Physical

MEDICAL PROBLEMS (check conditions you currently have or have had in the past)

	CURRENT	PAST		CURRENT	PAST		CURRENT	PAST
☐ Acid Reflux	☐	☐	☐ Diabetes	☐	☐	☐ Liver Disease /Hepatitis	☐	☐
☐ Alcoholism	☐	☐	☐ Diverticulosis	☐	☐	☐ Lyme Disease	☐	☐
☐ ADHD/ADD	☐	☐	☐ Emphysema/COPD	☐	☐	☐ Menstrual Problems	☐	☐
☐ Anemia	☐	☐	☐ Epilepsy/Seizure Disorder	☐	☐	☐ Migraine/Tension Headaches	☐	☐
☐ Anxiety/Depression	☐	☐	☐ Fatigue	☐	☐	☐ Miscarriage	☐	☐
☐ Arthritis	☐	☐	☐ Glaucoma	☐	☐	☐ Mononucleosis	☐	☐
☐ Asthma	☐	☐	☐ Hay fever/Allergies	☐	☐	☐ Osteoporosis	☐	☐
☐ Back Pain	☐	☐	☐ Heart Attack	☐	☐	☐ Prostate Problem	☐	☐
☐ Bleeding Disorders	☐	☐	☐ Heart Disease	☐	☐	☐ Sexual Dysfunction	☐	☐
☐ Breast Lump (s)	☐	☐	☐ Heart Murmur	☐	☐	☐ Sleep Disorder	☐	☐
☐ Cancer	☐	☐	☐ High Blood Pressure	☐	☐	☐ Stomach Ulcers	☐	☐
☐ Chronic Cough	☐	☐	☐ High Cholesterol	☐	☐	☐ Stroke	☐	☐
☐ Constipation	☐	☐	☐ HIV Positive/AIDS	☐	☐	☐ Thyroid Problem	☐	☐
☐ Diarrhea	☐	☐	☐ Kidney Disease/Stones	☐	☐	☐ Urinary Problem	☐	☐

ALLERGIES (to substances or medications)

SURGERIES (list all surgeries you have ever had and dates)

MEDICATIONS (list current medications, dosages, times per day)

Pharmacy Name:

HABITS (check those that apply)

☐ Alcohol Type_____ Amount_____	☐ Smoke Packs daily _____ Interested in stopping? ☐ Y ☐ N Quit? ☐ Y ☐ N When? _____	☐ Sleep: Difficulty falling asleep ☐ Early morning awakening ☐ Daytime drowsiness ☐	☐ Coffee/Caffeine # cups daily? _____ ☐ Illicit Drugs ☐ Exercise Routine ☐ Other

FAMILY HISTORY (check those that apply)

Disease	Family Member (s) (mother, father, grandmother…)
☐ Cancer (include type with family member)	
☐ Diabetes	
☐ High Blood Pressure	
☐ High Cholesterol	
☐ Heart Disease/Attack (Age)	
☐ Stroke (Age)	
☐ Alcohol/Chemical Dependency	
☐ Mental Illness	
☐ Other	

VACCINE/EXAM/TEST (list the year of your last)

Tetanus vaccine	Pneumonia vaccine	Rectal/stool exam	Mammogram
Flu vaccine		Cholesterol	Pap smear