

**NEW PATIENT HISTORY**

**Patient Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Date of Visit** \_\_\_\_\_

**Referred by** \_\_\_\_\_

**Primary M.D.** \_\_\_\_\_

**Complete form to the best of your ability. The nurse will help you with any questions. Please print.**

**Prior Major Illness and Injuries**

**Current Treatment**

\_\_\_ Cardiovascular Disease      \_\_\_yes    \_\_\_no  
 Type \_\_\_\_\_  
 SBE? \_\_\_\_\_

\_\_\_ Cerebrovascular Disease      \_\_\_yes    \_\_\_no  
 Type: \_\_\_CVA\_\_\_RIND\_\_\_TIA

\_\_\_ Diabetes      \_\_\_yes    \_\_\_no

\_\_\_ Endocrine Disease      \_\_\_yes    \_\_\_no  
 Type: \_\_\_\_\_

Hypercholesterolemia      \_\_\_yes    \_\_\_no  
 Highest Serum Chol. Level \_\_\_\_\_  
 Type \_\_\_\_\_

Bleeding Disorder      \_\_\_yes    \_\_\_no  
 Type: \_\_\_\_\_  
 Type \_\_\_\_\_

Other-Specify  
 Type \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Medications/Dosage**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies**

\_\_\_yes    \_\_\_no

\_\_\_ Medications    Type \_\_\_\_\_  
 Type \_\_\_\_\_

\_\_\_ Foods      Type \_\_\_\_\_  
 Type \_\_\_\_\_

**Prior Operations**

\_\_\_yes    \_\_\_no

Appendectomy      Year \_\_\_\_\_

Breast Biopsy      Year \_\_\_\_\_

C-section      Year \_\_\_\_\_

Cholecystectomy      Year \_\_\_\_\_

Hysterectomy, abdominal      Year \_\_\_\_\_

Hysterectomy, vaginal      Year \_\_\_\_\_

Laparoscopy      Year \_\_\_\_\_

Lithotripsy      Year \_\_\_\_\_

Mastectomy      Year \_\_\_\_\_

Tonsillectomy      Year \_\_\_\_\_

Vaginal Births      Year \_\_\_\_\_

Other: \_\_\_\_\_ Year \_\_\_\_\_

**Prior Hospitalizations**

\_\_\_yes    \_\_\_no

Event \_\_\_\_\_ Year \_\_\_\_\_

Event \_\_\_\_\_ Year \_\_\_\_\_

Event \_\_\_\_\_ Year \_\_\_\_\_

Event \_\_\_\_\_ Year \_\_\_\_\_

**Social History**

Marital Status      \_\_\_Divorced      \_\_\_Married  
                                  \_\_\_Single      \_\_\_Widowed

Current Employment      \_\_\_Full Time      \_\_\_Part Time  
                                  \_\_\_Retired      \_\_\_Unemployed

Occupational History

Use of non-prescription drugs      \_\_\_yes    \_\_\_no

Use of Tobacco (current)      \_\_\_yes    \_\_\_no  
 Packs/day      \_\_\_<1/2    \_\_\_1/2-1    \_\_\_>1

Use of alcohol      \_\_\_yes    \_\_\_no  
 Drinks/week      \_\_\_<7    \_\_\_7-14    \_\_\_>14

Highest level of education  
 \_\_\_Grade school      \_\_\_High School or Equiv.  
 \_\_\_College Degree      \_\_\_Advanced Degree

**Sexual History**

\_\_\_Heterosexual      \_\_\_Potent  
 \_\_\_Bisexual      \_\_\_Sexually Active  
 \_\_\_Homosexual      \_\_\_Sexually inactive

**Family History**

\_\_\_Known    \_\_\_Unknown

**Health Status of Family Members:**

Father    \_\_\_Alive & Well    \_\_\_Deceased at age \_\_\_\_\_  
 If deceased, cause of death \_\_\_\_\_

Mother    \_\_\_Alive & Well    \_\_\_Deceased at age \_\_\_\_\_  
 If deceased, cause of death \_\_\_\_\_

Brother(s) \_\_\_Alive & Well    \_\_\_Deceased at age \_\_\_\_\_  
 If deceased, cause of death \_\_\_\_\_

Sister(s) \_\_\_Alive & Well    \_\_\_Deceased at age \_\_\_\_\_  
 If deceased, cause of death \_\_\_\_\_

**Diabetes**

**Kidney Disease**

\_\_\_Father      \_\_\_Father

\_\_\_Mother      \_\_\_Mother

\_\_\_Brother      \_\_\_Brother

\_\_\_Sister      \_\_\_Sister

\_\_\_Son      \_\_\_Son

\_\_\_Daughter      \_\_\_Daughter

M.D. Signature \_\_\_\_\_