

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 _____
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 _____