New Patient Adult Medical History Questionnaire

Appointment Date/Time ___________

Provider ____________

Patient's Name ___________________________________ Birth Date ______________ Sex _____

Previous Physician ________________________ Pharmacy / Location________________________

Please List any medications or supplements you are taking (list below/add separate sheet if needed)

Rx Name ________________________ Dose_________________ Frequency ____________
Rx Name ________________________ Dose_________________ Frequency ____________
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Rx Name ________________________ Dose_________________ Frequency ____________
Rx Name ________________________ Dose_________________ Frequency ____________
Rx Name ________________________ Dose_________________ Frequency ____________
Rx Name ________________________ Dose_________________ Frequency ____________

Are you allergic to any medication or latex? Yes No (Please list and include reaction)

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Please indicate if you have had any of the following:

Anemia	COPD	Heart Murmur	Any other (Please list)
Anxiety	High Cholesterol	Heart Disease	__________________
Arthritis	Congestive Heart Failure	Hepatitis/Liver Disease	__________________
Artificial heart valves	Coronary Artery Disease	Hypertension	__________________
Artificial Joints	Depression	Kidney Disease	__________________
Asthma	Diabetes (type) __________	Mitral Valve Prolapse	__________________
Autoimmune disorder	Epilepsy/Seizures	Pacemaker	__________________
Back Problems	GERD	Respiratory Disease	__________________
Bleeding Problems	Glaucoma/eye disorder	Stroke	__________________
Cancer	Headache/Migraines	Thyroid Disease	__________________

What was the date of your last

Colonoscopy _______ Mammogram ________ Bone Density ___________ PSA Exam ________

Have you had any surgeries? Yes No (if yes, please list the date, physician and surgery type)

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Family History (Please list any **conditions** that run in your biological family-even if they are deceased or alive and well)

Mother ______________________ Father _______________________

Brother _____________________ Sister ________________________

M. Grandmother ____________________ M.Grandfather ______________________

P.Grandmother _____________________ P.Grandfather _________________________

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