

Medication Allergies

No known allergies

- Penicillin rash, breathing problems, required hospitalization, nausea/vomiting
 Sulfa rash, breathing problems, required hospitalization, nausea/vomiting
 Keflex rash, breathing problems, required hospitalization, nausea/vomiting
 Codeine rash, breathing problems, required hospitalization, nausea/vomiting
 Other –please list: 1. _____ 2. _____ 3. _____

Family Medical History

- Mother:** alive and well - age _____ alive but suffers with _____ age _____
 deceased: cause - _____ age of death _____
Father: alive and well - age _____ alive but suffers with _____ age _____
 deceased: cause- _____ age of death _____

Members of my family (parents, children, brothers, sisters, grandparents, aunts, uncles) suffer with the following:

- stroke high blood pressure diabetes heart trouble
 lung disease arthritis back problems
 cancer: type _____ Other: _____

Social History

- married separated, divorced, widowed, single Number of children _____ at home away
 I work as a _____
 I am retired from _____
 Student
 I live with my children or relatives: explain _____
 I drink: beer, wine "hard" drinks none daily socially
 I honestly consider myself to drink too much others think I drink to much
 I smoke: cigar pipe cigarettes _____ packs/day for _____ years
 My recreational activities include: jogging bicycling sports: list _____

Review Systems –Do you have problems with: **NOT APPLICABLE IF LEFT BLANK**

- eyes ears nose throat, explain: _____
 skin moles spots sores, explain: _____
 unusual lumps or bumps under skin-- like enlarged lymph nodes, explain: _____
 trouble breathing shortness of breath cough pain in breathing other _____
 chest pain/discomfort: sharp aching arm discomfort along with chest discomfort
 with activity after meals when under stress other _____
 trouble with stomach or bowels nausea/vomiting stomach pain bleeding in bowels
 diarrhea constipation black/tarry stools other _____
 trouble with legs fatigue with walking/relieved by rest other _____
 trouble with nerves anxious/fearful I feel down/depressed

Females

Is there a chance of you being pregnant? yes no Date of your last menstrual period? _____