

Adult Initial History

DATE: _____

This is a confidential history to help us get to know you better. Please be as complete as possible and use the back for additional information if needed.

Name: _____ Birthdate: _____
Last First Middle Maiden Month Day Year

Marital Status: _____ Sex: Male _____ Female _____ Doctor: _____

Allergies (names and reaction to allergens): _____

I. **Past Medical Problems** (use back if necessary):

PROBLEM ONSET TREATMENT DOCTOR/HOSPITAL

II. **Past Surgeries** (use back if necessary):

TYPE DATE DOCTOR/HOSPITAL

III. **Medications** (include over the counter, vitamins, contraceptives):

NAME STRENGTH HOW OFTEN TAKEN HOW LONG TAKEN

Please bring all nonprescription medications in their bottles to every office visit.

IV. **Miscellaneous:**

Health proxy completed? Yes No Date of last complete physical: _____
Living will completed? Yes No Date of last rectal exam: _____
Date of last tetanus vaccine: _____ Last blood pressure: _____
Date of last dental check up: _____ Date of last mammogram (women): _____
Date of last pap smear (women): _____ Date of last testicular exam (men): _____
Tobacco use: Yes No What kind? _____ How much? _____ How long? _____
Alcohol use: Yes No How much? _____ How long? _____
Rubella (German measles) vaccine (if born after 1957) _____
Date of last influenza vaccine: _____ Date of last hepatitis vaccine: _____
Date of last pneumonia vaccine: _____ Date of other vaccines: _____

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V. **Family Medical History** (especially all types of cancer, high blood pressure, diabetes, mental illness, congenital problems (use back if necessary):

RELATION ILLNESS APPROXIMATE AGE OF ONSET

VI. **Who lives at home with you?**

NAME DATE OF BIRTH RELATION

VII. **Are there medical records we could obtain about you?**

DOCTOR/HOSPITAL ADDRESS APPROX DATE OF CONTACT

VIII. **Are there doctors or individuals we should notify about your care here?**

NAME ADDRESS SPECIALTY/OCCUPATION

IX. **Are there concerns or issues you would like us to know about you, especially anything that would affect your medical care?**

(extra space to answer questions):