To help maximize your visit time with the doctor, please provide the following information prior to your visit.

Name: _____ Birthdate: _____ Date: _____

REASON FOR VISIT: _____

PERSONAL HISTORY:

Check any medical problems that you have or have been treated for in the last five years:

☐Diabetes	☐Cancer	☐Stroke	☐Hepatitis
☐Sleep apnea	☐Back/spine pain	☐Emphysema	☐Anemia
☐High blood pressure	☐Other joint disease	☐Blood clots	
☐Heart disease	☐Arthritis	☐Gastro esophageal reflux disease (GERD)	

Any other medical problem that you think we need to be aware of: _____

_____

PREVIOUS SURGICAL HISTORY:

Please tell us about ANY surgeries you have had in the past, and when they occurred:

1. _____ Date: _____ 4. _____ Date: _____

2. _____ Date: _____ 5. _____ Date: _____

3. _____ Date: _____ 6. _____ Date: _____

CURRENT MEDICATIONS, VITAMINS AND HERBAL THERAPY:

Name of medication	Dosage	Frequency	Reason for medication

ALLERGIES TO MEDICINES/FOODS: _____

FAMILY HISTORY:

Family Members	Living	Deceased	Age/Age of Death	Current state of health	Major Health Problems
Father					
Mother					
Brother/Sister					
Brother/Sister					

Illnesses that seem to run in the family: _____

SOCIAL HISTORY: Occupation: _____ Retired? _____

Please check whatever applies to you: ☐Married ☐Single ☐Divorced ☐Widowed

Tobacco use: ☐Never ☐Former / When did you stop? _____ Current / Amount used per day: _____

Alcohol use: ☐Never ☐Former / When did you stop? _____ Current / Amount per day/week: _____

Any other drug or substance not prescribed by a physician? _____

Please use the back of this sheet to add anything else you think is important for us to know. Thank you.