

**Patient History Form**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Chronic medical conditions** (i.e. hypertension, diabetes, depression, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Significant past medical problems and year** (cancer, strokes, heart attacks, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past surgeries, including year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Last colonoscopy:** \_\_\_\_\_

**Last mammogram (if applicable):** \_\_\_\_\_

**Current medications and doses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication allergies and reactions:**

\_\_\_\_\_

**Family history:**

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Brothers:** \_\_\_\_\_

**Sisters:** \_\_\_\_\_

**Social History:**

**Occupation:** \_\_\_\_\_ **Marital status:** \_\_\_\_\_

**How many days per week do you exercise?** \_\_\_\_\_

**Current tobacco use?** \_\_\_\_\_ **Prior tobacco use?** \_\_\_\_\_

**How many alcoholic drinks per week?** \_\_\_\_\_

**Recreational drug use?** \_\_\_\_\_ **Prior use?** \_\_\_\_\_

***For pediatric patients:***

**Grade level:** \_\_\_\_\_ **Marital status of parents:** \_\_\_\_\_

**Tobacco exposure at home?** \_\_\_\_\_