Name: _____ **DOB:** _____

Chief Complaints

1.
2.
3.

Medical History

1.
2.
3.
4.
5.
6.
7.

Surgeries/Hospitalizations

1.
2.
3.
4.
5.
6.
7.

Allergies

Drug/Substance	Reaction

Medication List

Name	Dose	Frequency

Social History

Marital Status	S	M	D	W
Smoker	Y	N		Packs/Day
Alcohol	Y	N		Drinks/Day
Exercise	Y	N		Hours/Week
Occupation				
Notes				

Family History

Relative	Status	Diabetes	Thyroid	Heart	Cancer	Eyes
Mother						
Father						
Sibling						
Sibling						
Sibling						
Maternal Grandmother						
Maternal Grandfather						
Paternal Grandmother						
Paternal Grandfather						

Please remember to bring all recent labs and procedure results with you to your appointment. Thank you.