Welcome to our practice. We greatly appreciate your choosing us to provide care for your family. To allow us to learn more about you, we will be asking you about your present medical condition and problems. For confidentiality, please give it to your physician upon completion.

1. When was your last comprehensive health examination (blood tests, EKGs, etc.)? Date: ___ /___ /_____

Note: Patients with a chronic medical problem or with a strong family history of chronic problems should have an annual health evaluation. We recommend a comprehensive evaluation for healthy individuals every 2-3 years until age 49, and annually after the age of 50.

2. Please list any allergies: _____

3. Please list your current medical problems:

_____   _____   _____
_____   _____   _____
_____   _____   _____

4. Please list your current medications:

_____   _____   _____
_____   _____   _____
_____   _____   _____

5. Please list your past surgeries:

_____
_____

6. Do you have a family history of medical, mental or hereditary problems? Yes ___   No ___
Please list:

_____   _____   _____
_____   _____   _____
_____   _____   _____

7. If you are a female, do you do a periodic self-breast exam (e.g., 2-6 times a year)? Yes ___   No ___
   Date of last mammogram: ___ /___ /_____
   Date of last pap smear: ___ /___ /_____

Note: One out of every 10 women will get breast cancer. The best approach is early detection by periodic self-breast exam to become aware of changes in the look and feel of your breasts, an annual breast exam by your physician and periodic mammograms.

Name: _____
DOB: _____
Today's date: _____

8. If you are a male, do you do a monthly self-testicular exam?   Yes ___   No ___

Note: Testicular cancer is a leading cause of cancer for men under the age of 50.

9. Do you have an Advanced Healthcare Directive or living will?   Yes ___   No ___

Office use only: POLST information offered. ____

10. Is your time well balanced between your job, family and hobbies?   Yes ___   No ___

Name: _____
DOB: _____
Today's date: _____