



General Medical Intake for NEW patient

Date: _____ Email Address: _____

Name: _____ DOB: _____

How did you hear about our office? _____

Reason for your visit today: _____

Do you have any known medical problems (like diabetes, high blood pressure, ect...)

Past Medical History:

For woman: _____ last pap smear? _____ Was it normal? Y / N

_____ last mammogram? _____ Was it normal? Y / N

_____ last test for bone health _____ Was it normal? Y / N

_____ Your last menstrual period? _____

How many pregnancies have you had? _____

For both sexes: Have you had a colonoscopy? _____ Was it normal? Y / N

Have you had any other medical conditions in the past that you were treated for? _____

For men only: if you are smoker or used to smoke, did you ever have any ultrasound of your aorta done? Y / N / Maybe?

Have you ever been seen by a urologist? Y / N Who have you seen: _____

Social History:

Do you smoke? Y / N _____ If yes, how many cigarettes/day _____

_____ What age did you start smoking? _____

If you used to smoke, at what age did you stop smoking? _____

Do you or have used any recreational drugs? Y / N _____ Have you ever injected any drugs? Y / N _____

Do you drink any alcohol? Y / N If yes, what type of alcohol _____ how many glasses a day? _____

Are you working? Y / N _____ Are you married / single /widowed / in a relationship _____

Family History:

Does your mother have any medical illness? _____

Does your father have any medical illness? _____

If your parents have passed away, please explain at what age they have passed and the cause: _____

How is your brother and sister's health? Please explain any known medical condition: _____

Surgical History:

Have you had any surgeries? Please list them here: _____

Do you have any drug or food allergies?

Are you currently taking any medications? If yes, please name them below and **include herbal and vitamins**

Medication name: _____ Dosage: _____ how many times per day _____

Completed by: _____ Date _____

Patient signature: _____

Information reviewed on: _____ by and entered into E.H.R by: _____