

## MEDICAL AND FAMILY HISTORY FORM

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ ACCT # \_\_\_\_\_

DR. BEING SEEN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

**Allergies**

- None     Codeine     Fentanyl     Penicillin     Propofol/Diprivan     IV contrast dye     Eggs  
 Aspirin     Demerol     Morphine     Sulfa     Versed     Latex     Other \_\_\_\_\_

**Past Medical Illnesses**

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="radio"/> None              | <input type="radio"/> Acid Reflux              | <input type="radio"/> Coronary artery disease   | <input type="radio"/> Glaucoma                 | <input type="radio"/> Lupus                |
| <b>Cancers:</b>                         | <input type="radio"/> Anxiety/Panic attacks    | <input type="radio"/> Crohn's disease           | <input type="radio"/> Heart attack             | <input type="radio"/> Pancreatitis         |
| <input type="radio"/> Breast cancer     | <input type="radio"/> Arthritis                | <input type="radio"/> Depression                | <input type="radio"/> Helicobacter Pylori      | <input type="radio"/> Seizure disorder     |
| <input type="radio"/> Cervical cancer   | <input type="radio"/> Asthma                   | <input type="radio"/> Diabetes                  | <input type="radio"/> Hepatitis B              | <input type="radio"/> Sleep apnea          |
| <input type="radio"/> Colon cancer      | <input type="radio"/> Atrial fibrillation      | <input type="radio"/> Diverticulitis (infected) | <input type="radio"/> Hepatitis C              | <input type="radio"/> Stroke/TIA           |
| <input type="radio"/> Esophageal cancer | <input type="radio"/> Barrett's esophagus      | <input type="radio"/> Diverticulosis            | <input type="radio"/> Hepatitis, autoimmune    | <input type="radio"/> Thyroid, overactive  |
| <input type="radio"/> Liver cancer      | <input type="radio"/> Celiac sprue             | <input type="radio"/> Emphysema                 | <input type="radio"/> High blood pressure      | <input type="radio"/> Thyroid, undecactive |
| <input type="radio"/> Lung cancer       | <input type="radio"/> Cirrhosis of liver       | <input type="radio"/> Endometriosis             | <input type="radio"/> High cholesterol         | <input type="radio"/> Ulcer                |
| <input type="radio"/> Prostate cancer   | <input type="radio"/> Colon polyps             | <input type="radio"/> Fatty liver               | <input type="radio"/> Irritable bowel syndrome | <input type="radio"/> Ulcerative colitis   |
| <input type="radio"/> Skin cancer       | <input type="radio"/> Congestive heart failure | <input type="radio"/> Fibromyalgia              | <input type="radio"/> Kidney disease           | <input type="radio"/> Other _____          |
| <input type="radio"/> Ovarian cancer    |  |   |  |  |

Previous Procedures	Surgeries
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- | Mo/Yr performed                                 |   |   |  |   |
|---|---|---|--|---|
| <input type="radio"/> None                      | <input type="radio"/> Appendectomy            | <input type="radio"/> Umbilical hernia repair | <input type="radio"/> Heart bypass operation     | <input type="radio"/> Mastectomy          |
| <input type="radio"/> Colonoscopy _____         | <input type="radio"/> Colon surgery           | <input type="radio"/> Hemorrhoid surgery      | <input type="radio"/> Defibrillator              | <input type="radio"/> Tubal ligation      |
| <input type="radio"/> EGD _____                 | <input type="radio"/> Gallbladder surgery     | <input type="radio"/> Liver transplant        | <input type="radio"/> Heart valve rplcmt./repair | <input type="radio"/> Cataracts           |
| <input type="radio"/> ERCP _____                | <input type="radio"/> Gastric bypass surgery  | <input type="radio"/> Prostate surgery        | <input type="radio"/> Pacemaker                  | <input type="radio"/> Joint surg./rplcmt. |
| <input type="radio"/> Liver biopsy _____        | <input type="radio"/> Lap band                | <input type="radio"/> Tonsillectomy           | <input type="radio"/> C-section                  | <input type="radio"/> Other _____         |
| <input type="radio"/> Esophageal capsule _____  | <input type="radio"/> Hiatal hernia surgery   | <input type="radio"/> Ulcer surgery           | <input type="radio"/> Hysterectomy, partial      | <input type="radio"/> Other _____         |
| <input type="radio"/> Small bowel capsule _____ | <input type="radio"/> Inguinal hernia surgery | <input type="radio"/> Angioplasty/stent       | <input type="radio"/> Hysterectomy, total        |   |

Marital status	Alcohol History	Tobacco History
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- |   |   |   |
|---|---|---|
| <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Divorced<br><input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Same-sex partner | <input type="radio"/> Never<br><input type="radio"/> Less than 7 drinks per week<br><input type="radio"/> More than 7 drinks per week<br><input type="radio"/> I quit using alcohol | <input type="radio"/> I have never smoked cigarettes<br><input type="radio"/> I quit smoking cigarettes<br><input type="radio"/> I smoke less than 1 pack a day<br><input type="radio"/> I smoke more than 1 pack a day |
|---|---|---|

**Recreational Drug History**

- I have never used recreational drugs     I am currently using recreational drugs  
 I have used recreational drugs in the past     I have been treated for substance abuse

**Occupation**

Occupation \_\_\_\_\_

