

PATIENT HISTORY FORM

NOTE: This is a confidential record and will be kept in your doctor's office. Information contained here will not be released to anyone without your authorization.

Today's Date _____ / _____ / _____

Date of Last Physical Exam _____ / _____ / _____

Last Name _____ First _____ Middle _____

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

CHIEF COMPLAINT-- What is the main reason for your visit today? (Describe your problem in detail)

HISTORY OF PRESENT ILLNESS

Please answer the following questions

Location of the Problem

Abdomen Back Leg

Other _____

How long does the problem last?

30 minutes 1 hour It is always there

Other _____

On a scale of 1 – 10, with 10 being the most severe, Circle the number that best describes the problem.

1 2 3 4 5 6 7 8 9 10

When did you first notice the problem?

2 days ago 2 weeks ago 1 month ago

Other _____

Is anything else occurring at the same time?

Nausea Rash Headaches

Other _____

Is the Problem constant or variable?

Dull then sharp Very sharp then leaves Always there

Other _____

Does anything help or make the problem worse?

Moving around Standing up Laying on my side

Other _____

Does the problem interfere with your normal functions?

YES NO

If yes, please explain _____

Physician use only: (Comments / Notes)

____ Year old male requesting a vasectomy for male sterilization,

The patient has _____ children

# Answers	Level of Service
0	1 or 2
1 - 2	3
3	4 or 5

PAST MEDICAL & SOCIAL HISTORY

List all serious illnesses in your family. (Example: Diabetes, Tuberculosis, breast cancer, heart disease, etc...)

List any personal past illnesses and /or surgeries and when they occurred.

Illness or Surgery

Date

Are you on any medications?

YES

NO

If yes, List them all _____

Do you Smoke?

YES

NO

If yes, how much? _____

Are you on a special diet?

YES

NO

If yes, explain _____

Do you Drink?

YES

NO

If yes, how much? _____

Do you have allergies?

YES

NO

If yes, explain _____

Physician use only: (Comments/ Notes)

PMH:

Social: Married ()

ETOH use ()

PSH:

Tobacco use

Seat belts

MEDS:

Illegal drug use

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1 - 2	3
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