

iMED PATIENT HISTORY

DATE: _____ **NAME:** _____

GENDER: _____ **AGE:** _____ **MARTIAL STATUS:** SINGLE MARRIED WIDOWED DIVORCE

ALLERGIES TO MEDS AND/OR FOOD:

HISTORY OF PRESENT ILLNESS:

CURRENT MEDICATIONS (INCLUDE OVER THE COUNTER MEDICATIONS)

DRUG DOSE FREQUENCY REASON

PAST MEDICAL HISTORY - PROVIDE DATES

ANEMIA/BLOOD DISORDER Y N _____

INFECTIOUS DISEASE Y N _____

HIGH BLOOD PRESSURE Y N _____

HEART DISEASE Y N _____

GI ULCERS Y N _____

HEPATITIS Y N _____

JAUNDICE Y N _____

DIABETES Y N _____

OTHER ENDOCRINE DISEASE Y N _____

KIDNEY DISEASE Y N _____

KIDNEY STONES Y N _____

RESPIRATORY DISEASE Y N _____

EPILEPSY Y N _____

PARALYSIS Y N _____

CANCER Y N _____

ARTHRITIS Y N _____

GYN DISEASE Y N _____

HIGH CHOLESTEROL Y N _____

MIGRAINES/HEADACHES Y N _____

BLOOD TRANSFUSIONS Y N _____

HEARING/EAR PROBLMES Y N _____

UNUSUAL CHILDHOOD ILLNESS Y N _____
SEXUALLY TRANSMITTED DISEASE Y N _____

PAST SURGICAL HISTORY/HOSPITALIZATIONS - PROVIDE DATES

FAMILY MEDICAL HISTORY

INDICATE MOTHER(M) FATHER(F) SIBLING (S) GRANDPARENT (G)

HYPERTENSION _____	HIGH CHOLESTEROL _____
HEART DISEASE _____	KIDNEY DISEASE _____
COLON CANCER _____	DIABETES _____
BREAST CANCER _____	OVARIAN CANCER _____
PROSTATE CANCER _____	OTHER CANCER _____

INDICATE CURRENT HEALTH OR CAUSE AND AGE OF DEATH

MOTHER _____	BROTHER(S) _____
FATHER _____	SISTER(S) _____
GRANDPARENT(S) _____	
CHILDREN _____	

IMMUNIZATION HISTORY: INDICATE LAST YEAR YOU RECEIVED IMMUNIZATIONS

TETANUS _____ HEPATITIS B _____ HEPATITIS A _____
MEASLES/MUMPS/RUBELLA _____
PPD/TB SKIN TEST _____ POSITIVE/NEGATIVE PNEMONIA VACCINE _____

SOCIAL HISTORY

CURRENT EMPLOYMENT _____ SPOUSE EMPLOYMENT _____

HABITS

ALCOHOL _____ CAFFEINE _____ TOBACCO _____
MARIJUANA _____ OTHER SUBSTANCES _____
PAST/PRESENT _____

EXERCISE

TYPE _____ FREQUENCY _____

PROVIDE LAST DATE OF SCREENING TEST

MAMMOGRAM _____ PAP SMEAR _____ BONE DENSITY _____

PSA _____ COLONOSCOPY _____

LAST MENSTRAUL PERIOD _____