

Past Medical, Family, Social and Surgical History

Patient Name: _____ Date of Birth: _____

Pharmacy & Location: _____

PAST MEDICAL HISTORY

Please circle all conditions that apply to you

- | | | |
|-------------------------------|---------------------|---------------------------|
| Anemia | DVT | Leukemia |
| Angina | Dementia | MRSA infection |
| Anxiety | Depression | Heart attack |
| Arthritis | Fibromyalgia | Neuropathy |
| Asthma | GERD/reflux | Peripheral artery disease |
| Atrial fibrillation | Gout | Psoriasis |
| ADHD/ADD | Heart Disease | Sleep apnea |
| Bipolar disorder | Heart Failure | Stroke |
| Breast cancer | Hepatitis B | TB (Tuberculosis) |
| CAD (coronary artery disease) | Hepatitis C | Thyroid disease |
| Celiac Disease | HIV | TIA (mini stroke) |
| COPD/emphysema | High cholesterol | VRE infection |
| Colitis | High blood pressure | Prostate Cancer |
| Colon Cancer | Kidney disease | Testicular Cancer |
| Diabetes—type 1 | Kidney failure | Other: _____ |
| Diabetes—type 2 | Kidney stone | |

PAST FAMILY HISTORY

Please check all conditions that apply to your family

	MOTHER	FATHER	BROTHER	SISTER
Diabetes—Type 1				
Diabetes—Type 2				
High blood pressure				
Gout				
Thyroid Disease				
Cancer (what type)				
Other				

Porter Medical Center

PAST SOCIAL HISTORY

Exercise:

Activities: _____

Frequency:	1-2 times/week	3-4 times/week
	5-6 times/week	Daily
	Never	Other

Shoe Size: _____

Tobacco Use:

Current every day smoker	Current some day smoker
Heavy tobacco smoker	Light tobacco smoker
Former smoker	Never smoker

Alcohol Use:

_____ Yes _____ Number of drinks/week
 _____ No

PAST SURGICAL HISTORY

PROCEDURE	DATE	COMPLICATIONS