NEW PATIENT INTAKE INFORMATION

Patient Name: _____ Date of Birth: _____ Date: _____

If you are uncomfortable answering any questions, please leave them blank; you can discuss them with your doctor or nurse.

PERSONAL PAST HISTORY OF ILLNESSES

MAJOR ILLNESSES	YES (DATE)	NO	PHYSICIAN/NURSE NOTES
Asthma			
Pneumonia/Lung Disease			
Tuberculosis			
Heart Attack/Problems			
High Blood Pressure			
Stroke			
Blood Clots in Lungs/Legs			
Kidney Infections/Stones			
Sexually Transmitted Disease			
HIV/AIDS			
Thyroid Disease			
Diabetes			
Eating Disorders			
Depression/Anxiety			
Arthritis/Joint Pain/Back Problems			
Collagen Vascular Disease (Lupus)			
Cancer			
Reflux/Hiatal Hernia/Ulcers			
Hepatitis/Jaundice/Liver Disease			
Gallbladder Disease			
Anemia			
Blood Transfusions			
Migraine Headaches			
Seizures/Convulsions/Epilepsy			
Other			

INJURIES/ILLNESSES-IF NONE CHECK HERE- ☐

REASON	DATE OR YEAR	HOSPITAL

OPERATIONS/HOSPITALIZATIONS-IF NONE CHECK HERE- ☐

SURGERY/REASON	DATE OR YEAR	HOSPITAL

FAMILY HISTORY

Mother: ☐ Living ☐ Deceased-Cause: Age:	Father: ☐ Living ☐ Deceased-Cause: Age:
Siblings: Number living: Number Deceased: Cause(s)/Age(s)	
Children: Number living: Number Deceased: Cause(s)/Age(s)	

ILLNESS	YES	WHICH RELATIVE(S) AND AGE OF ONSET	PHYSICIAN/NURSE NOTES
Diabetes			
Stroke			
Blood Clots in Lungs or Legs			
Heart Disease			
High Blood Pressure			
High cholesterol			
Osteoporosis (Weak Bones)			
Recurrent Miscarriage			
Infertility			
Birth Defects			
Breast Cancer			
Colon Cancer			
Ovarian Cancer			
Uterine Cancer			
Other			

SOCIAL HISTORY

	PHYSICIAN/NURSE NOTES
Current Smoker: Packs per day Years:	
If you are currently smoking, are you ready to quit? ☐ YES ☐ NO	
Alcohol: Drinks Per Day Drinks Per week:	
Recreational Drug Use? ☐ YES ☐ NO	
Have you been sexually abused, threatened, or hurt by anyone? ☐ YES ☐ NO	
Occupation/Job:	
Education Completed: ☐ High School ☐Some college ☐ College/BA Graduate Degree	

MEDICATION ALLERGIES OR OTHER ALLERGIES-IF NONE CHECK HERE ☐

ALLERGY	TYPE OF REACTION

CURRENT MEDICATIONS

CURRENT MEDICATIONS	DOSAGE	WHO PRESCRIBED