

# Confidential Adult Medical History Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Names of other doctors: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Occupation/Employer: \_\_\_\_\_

Religious preference (if it has implications on your health and care): \_\_\_\_\_

Marital status (circle): Single Married Divorced Widowed Other

Do you have **Allergies** to any medications, foods, insect stings, x-ray contrast dye, or other? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe:

Please list all Medications, vitamins, and herbal supplements:

Please list any Health Problems, Surgeries or Hospitalizations:

Do you use tobacco products? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much: \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much: \_\_\_\_\_

Do you use any illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type, how much, and how often: \_\_\_\_\_

Family History of Medical Problems:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Siblings: \_\_\_\_\_

Immunizations (please complete as applicable):

Date of last tetanus \_\_\_\_\_ \_\_\_ Unsure

Date of last TB test \_\_\_\_\_ \_\_\_ Unsure

Flu Shot \_\_\_\_\_ \_\_\_ Unsure

Pneumovax \_\_\_\_\_ \_\_\_ Unsure

Hepatitis A series \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure Hepatitis B series \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Last General Physical exam: \_\_\_\_\_ Last Sigmoidoscopy, if applicable: \_\_\_\_\_

Last Cholesterol check: \_\_\_\_\_ Results: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal

**Females Only:** Current method of birth control: \_\_\_\_\_

Total number of pregnancies: \_\_\_\_\_ Live births: \_\_\_\_\_ Miscarriages/abortions: \_\_\_\_\_

Last Mammogram? \_\_\_\_\_ Last Pap Smear? \_\_\_\_\_

**Males Only:** Any urination or prostate problems? \_\_\_\_\_ If so, what? \_\_\_\_\_

Have you had a vasectomy? \_\_\_\_\_ Have you had a PSA, if indicated? \_\_\_\_\_

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**