

NEW PATIENT HEALTH HISTORY

Please take a moment to provide your most up-to-date health information. We will upload your responses below, along with the information contained in the medical records sent to us, to your medical chart to ensure we have your most complete medical history. If you have other medical conditions that are not listed in the options below, please tell them to your medical assistant.

Patient Name: _____ Date of Birth: _____

Reason for Visit: _____

Additional Complaint(s): _____

Age: _____

Height: _____ feet _____ inches

Weight: _____ pounds

PAST MEDICAL HISTORY

Cardiovascular

- | | | |
|---|--|--|
| <input type="checkbox"/> Aortic aneurysm | <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Mitral valve disease |
| <input type="checkbox"/> Aortic valve disease | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pulmonary embolism |
| <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Lower extremity edema | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Venous insufficiency |

Respiratory

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergic rhinitis | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Pulmonary fibrosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Pulmonary hypertension |
| <input type="checkbox"/> Bronchiectasis | <input type="checkbox"/> Interstitial lung disease | <input type="checkbox"/> Respiratory failure, chronic |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Lung cancer | <input type="checkbox"/> Sarcoidosis |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Obstructive sleep apnea | <input type="checkbox"/> Sinusitis, chronic |

Dermatology

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Hidradenitis suppurativa | <input type="checkbox"/> Pyoderma gangrenosum | <input type="checkbox"/> Skin cancer |

Endocrine

- | | | |
|--|--|--|
| <input type="checkbox"/> Adrenal disorder | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Polycystic ovarian syndrome |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Thyroid cancer |

Gastroenterology

- | | | |
|--|---|---|
| <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Liver cancer |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> GERD | <input type="checkbox"/> Pancreatic cancer |
| <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Crohns disease | <input type="checkbox"/> Hemorrhoid | <input type="checkbox"/> Stomach cancer |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Hiatal Hernia | <input type="checkbox"/> Stomach ulcer |
| <input type="checkbox"/> Esophageal cancer | <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Ulcerative colitis |

PAST MEDICAL HISTORY (continued)

Genitourinary

- Bladder cancer
- Prostate cancer
- Urinary incontinence
- Erectile dysfunction
- Testosterone deficiency
- Urinary retention

Gynecology

- Cervical cancer
- Fibroids
- Ovarian cancer
- Endometriosis
- Leiomyosarcoma
- Uterine cancer

Hematology/Oncology

- Anemia
- Clotting disorder
- Multiple myeloma
- Bleeding disorder
- Hemochromatosis
- Myelodysplastic syndrome
- Breast cancer
- Leukemia
- Sickle cell disease
- Chemotherapy
- Lymphoma

Infectious Disease/Immunology

- Abscesses, recurrent
- Frequent UTI
- Hypogammaglobulinemia
- Aspergillosis
- Genital warts
- Immunosuppressive therapy
- Breast infection
- Gonorrhea
- MRSA infection
- Chlamydia
- Hepatitis B
- Pelvic inflammatory disease
- Chronic sinusitis
- Hepatitis C
- Postoperative infection
- CVID
- Herpes simplex, oral
- Shingles
- Diabetic foot infection
- Herpes simplex, genital
- Stem cell transplant
- Endocarditis
- HIV
- Syphilis
- Frequent pneumonia
- Human papilloma virus (HPV)
- Tuberculosis

Musculoskeletal

- Charcot foot
- Hip fracture
- Osteoporosis
- Chronic low back pain
- Muscular dystrophy
- Scoliosis
- Gout
- Osteoarthritis
- Spinal stenosis

Nephrology

- Chronic kidney disease
- Kidney cancer
- Polycystic kidney disease
- Dialysis
- Kidney stone
- Solitary kidney
- Glomerulonephritis
- Lupus nephritis

Neurologic

- Aneurysm, cerebral
- Hydrocephalus
- Parkinsons disease
- Dementia
- Migraine headache
- Seizure disorder
- Essential tremor
- Multiple sclerosis
- Stroke
- Guillain-Barre syndrome
- Paralysis
- Subdural hematoma

Psychiatry

- Alcoholism
- Bipolar disorder
- Fibromyalgia
- Anxiety
- Chronic fatigue syndrome
- Insomnia
- Attention deficit (ADHD)
- Depression
- Schizophrenia

Rheumatology

- Ankylosing spondylitis
- Lupus
- Sjogrens disease
- Granulomatosis with polyangiitis
- Raynauds disease
- Temporal arteritis
- Rheumatoid arthritis
- Vasculitis

PAST SURGICAL HISTORY

- | | | |
|---|--|---|
| <input type="checkbox"/> AICD (defibrillator) | <input type="checkbox"/> Dialysis catheter | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Gastric bypass/sleeve | <input type="checkbox"/> Port catheter |
| <input type="checkbox"/> Arteriovenous fistula | <input type="checkbox"/> Heart valve replacement | <input type="checkbox"/> Shoulder replacement |
| <input type="checkbox"/> Arteriovenous graft | <input type="checkbox"/> Hip replacement | <input type="checkbox"/> Spine surgery |
| <input type="checkbox"/> Breast surgery | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Splenectomy |
| <input type="checkbox"/> Cholecystectomy | <input type="checkbox"/> Knee replacement | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Coronary bypass (CABG) | <input type="checkbox"/> Organ transplant | <input type="checkbox"/> Ventriculoperitoneal shunt |

FAMILY HISTORY

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sarcoidosis |
| <input type="checkbox"/> Aortic aneurysm | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Immune deficiency | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Cancer (Type: _____) | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Clotting disorder | <input type="checkbox"/> Lupus | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Crohns disease | <input type="checkbox"/> Polycystic kidney disease | <input type="checkbox"/> I was adopted |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Psoriasis | |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Rheumatoid arthritis | |

SOCIAL HISTORY

- Alcohol:** None Rare Occasional Regularly
- Tobacco:** None Rare Occasional Regularly
- Recreational drug:** None Rare Occasional Regularly (Type: _____)
- Exercise:** None Rare Occasional Regularly

Occupation: _____ Active Not working Retired Disabled

Partnership status: Single Married/Partnered Divorced Widowed

By signing below, I attest that the above information is correct to the best of my knowledge.

Signature of Patient or Legal Surrogate

Date

Time

Printed Name of Patient or Legal Surrogate

Relationship (If Legal Surrogate)