



# Patient History Form

Annual Visit  New Pregnancy Visit

Preferred Appointment Reminder Method:  Phone  Text

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Care Physician: \_\_\_\_\_ OK to Send Continuity of Care Records **YES NO**

Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

Please list any allergies, medications, medical conditions, hospitalizations or surgeries that have changed or occurred since your last visit to our office. Please be as detailed as possible.

**NO CHANGES**

### NEW MEDICATIONS (describe)

|   |  |   |  |
|---|--|---|--|
| 1 |  | 3 |  |
| 2 |  | 4 |  |

**NO CHANGES**

### NEW ALLERGIES (describe)

|   |  |   |  |
|---|--|---|--|
| 1 |  | 3 |  |
| 2 |  | 4 |  |

**NO CHANGES**

### NEW MEDICAL PROBLEMS (describe)

|   |  |   |  |
|---|--|---|--|
| 1 |  | 4 |  |
| 2 |  | 5 |  |
| 3 |  | 6 |  |

**NO CHANGES**

### HOSPITALIZATIONS & SURGERIES (Since last visit)

|   | Year | Reason | Doctor | Comments |
|---|------|--------|--------|----------|
| 1 |      |        |        |          |
| 2 |      |        |        |          |
| 3 |      |        |        |          |

**NO CHANGES**

### FAMILY HISTORY (List Family Member & disease)

|   |  |   |  |
|---|--|---|--|
| 1 |  | 3 |  |
| 2 |  | 4 |  |

## SOCIAL HISTORY

**Domestic Violence** (Check appropriate box):  Current

Past  Never

**Alcohol Use:**  Yes  No Type: \_\_\_\_\_

# Drinks per week: \_\_\_\_\_

**Drug Use:**  Yes  No Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

**Current Tobacco User?**  Yes  No Type: \_\_\_\_\_

How many per day? \_\_\_\_\_ Year Quit? \_\_\_\_\_

**Former Tobacco User?**  Yes  No Type: \_\_\_\_\_

How many per day? \_\_\_\_\_ Year Quit? \_\_\_\_\_

**Current Vape User?**  Yes  No Type: \_\_\_\_\_

How many per day? \_\_\_\_\_ Year Quit? \_\_\_\_\_

**Former Vape User?**  Yes  No Type: \_\_\_\_\_

How many per day? \_\_\_\_\_ Year Quit? \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Initials:** \_\_\_\_\_

**Nurse/MA:** \_\_\_\_\_

**Date keyed into NG:** \_\_\_\_\_