Name (*Last, First, M.I.):*		**DOB:**
PREFERRED PHARMACY #1	**Name:**	**Phone:**
PREFERRED PHARMACY #2	**Name:**	**Phone:**

CURRENT MEDICATION LIST

(please review printed medication list and make any additions or changes below)
Include prescribed medications and over-the-counter drugs (i.e. Aspirin, Fish oil, vitamins and inhalers)

Name the Drug	Strength (example: mg)	Frequency Taken (example: once a day)

ALLERGIES

Include medications, foods, latex, seafood/IV dyes, etc.

Allergy Name	Reaction you had

TOBACCO HISTORY

Tobacco	**Do you use tobacco?** **Year started_____ or # of years _____**	☐ **Yes**	☐ **No**
	Former? ☐ Yes Year Quit_____		
	☐ Cigarettes-packs/day_____	**☐ Pipe-#/day_____**	
	☐ Cigars-#/day_____	**☐ Chew-#/day_____**	
Diabetes	Have you been diagnosed with Diabetes?	☐ Yes	☐ No
	Type 1 (Juvenile)	☐ Yes	☐ No
	Type 2 (Adult Onset)	☐ Yes	☐ No

Name (*Last, First, M.I.):*	**DOB:**

PAST MEDICAL/SURGICAL HISTORY

Year	Past Medical History/Surgery History	If hospitalized, Where?

FAMILY HEALTH HISTORY

	Age	Significant Health Problems/Cause of death?		Age	Significant Health Problems/Cause of death?
Father			**Children**	☐ M ☐ F	
Mother				☐ M ☐ F	
Sibling	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F		**Grandmother** *Maternal*	☐ M ☐ F	
	☐ M ☐ F		**Grandfather** *Maternal*	☐ M ☐ F	
	☐ M ☐ F		**Grandmother** *Paternal*	☐ M ☐ F	
	☐ M ☐ F		**Grandfather** *Paternal*	☐ M ☐ F	

SOCIAL HISTORY

Advance Directives	☐ None	☐ Living Will		
	☐ Health Care Proxy	☐ DNR		
Diet	☐ Regular	☐ Low Fat/Chol	☐ Low Salt	☐ Vegetarian/ Vegan
	☐ Diabetic	☐ Renal	☐ LoCarb	☐ Other_____
Exercise	☐ Sedentary (No exercise)		☐ Yes	☐ No
	☐ Occasional exercise (i.e. climbs stairs, walks 3 blocks, golf.)		☐ Yes	☐ No
	☐ Regular exercise (i.e. work or recreation 3 to 4x week for 30 minutes)		☐ Yes	☐ No
	☐ Weight Lifting		☐ Yes	☐ No
	☐ Aerobics		☐ Yes	☐ No
	☐ Physically unable to exercise		☐ Yes	☐ No
Alcohol	Do you drink alcohol?		☐ Yes	☐ No
	☐ Rarely	☐ Socially	☐ Occasionally	
	☐ Frequently	☐ Daily	☐ Former - Year quit?_____	
Occupation			☐ Disabled	☐ Retired