Personal Medical History

Raleigh Adult Medicine

Name _____ (Last) _____ (First) _____ (Middle) **Date of Birth** ___/___/___ (Mo. Day Yr.) **Date** _____

Referred by _____ Doctor last seen _____ When _____ Why _____

Reason seeing doctor today: _____

Have you ever had: (check and give date of onset)

☐ Anemia		☐ Epilepsy (seizures)		☐ Digestive problems		☐ Rheumatic fever	
☐ Asthma		☐ Fainting spells		☐ Kidney disease		☐ Thyroid problems	
☐ Arthritis/Gout		☐ Gall bladder disease		☐ Liver disease		☐ Tuberculosis	
☐ Cancer		☐ Headaches, severe		☐ Peptic ulcer		☐ Venereal disease	
☐ Diabetes mellitus		☐ Heart disease		☐ Phlebitis		☐ Other _____	
☐ Emotional disorder		☐ High blood pressure		☐ Pneumonia		☐ Other _____	

Have you, for health reasons, ever been denied the following: (circle and tell why)

Life Insurance _____ Employment _____ Military Service _____

Past Medical History:

Surgery/Operations	Reason	Date	Hospital & Doctor

Non-Surgical Hospitalizations

Illness/Injury	Date	Hospital & Doctor

Health Habits:

	Yes	No
Breast Self Exam	☐	☐
Exercise	☐	☐
Good Nutrition	☐	☐
Seat Belts	☐	☐

Substance Usage: Amount Daily

Alcohol	
Coffee/Tea	
Tobacco	
Street Drugs	

Immunizations:

	Date		Date
Small pox		Measles	
Tetanus		Flu	
Polio		Pneumovax	
Ger. Measles (Rubella)			

Screening Procedures

When did you last have:

Cholesterol	
EKG	
Mammogram	
Pap Smear	
Physical	
Colonoscopy	

Allergies & Side Effects to Medications:

Medicine	Reaction	Medicine	Reaction

Family Medical History:

	Living	Dead	Age(s)	Health	If deceased, cause of death
Spouse					
Children					
Father					
Mother					
Brothers					
Sisters					

Have any of your blood relatives had the following:

Diabetes	☐	Thyroid disorders	☐
Stroke	☐	Epilepsy or seizures	☐
Cancer	☐	Bleeding disorders	☐
Arthritis	☐	Kidney disease	☐
Blood disease	☐	High blood pressure	☐
Heart disease	☐	Tuberculosis/Lung disease	☐
Peptic Ulcers	☐	Emotional disorders	☐
Hay fever (asthma, or allergy)	☐	Neurological disorders	☐