

## 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

### MEDICAL HISTORY - Please tell us if a doctor or hospital has given you any of the following medical diagnosis:

#### Breast

- Breast abscess
- Breast cancer
- Breast implant complication
- Inflammatory breast disorder

#### Cardiovascular (Heart/Vessels)

- Aortic aneurysm
- Atrial fibrillation
- Cardiomyopathy
- Congestive heart failure
- Coronary artery disease
- Endocarditis
- Hypertension
- Lymphedema
- Peripheral vascular disease
- Rheumatic fever
- Valvular heart disease
- Venous insufficiency

#### Dermatologic (Skin)

- Eczema
- Hidradenitis suppurative
- Psoriasis
- Shingles (Zoster)
- Skin abscess
- Skin cancer

#### Endocrine (Hormonal)

- Diabetes mellitus
- Hyperthyroidism
- Hypothyroidism
- Polycystic ovarian syndrome
- Thyroid cancer

#### Gastrointestinal

- Cirrhosis of liver
- Colon cancer
- Crohn's disease
- Esophageal reflux (GERD)
- Pancreatic cancer
- Peptic ulcer
- Ulcerative colitis

#### Gynecologic

- Cervical cancer
- Endometriosis
- Leiomyosarcoma
- Ovarian cancer
- Ovarian cyst

#### Hematologic (Blood)

- Anemia
- Anticoagulants, long term
- Asplenia (no spleen)
- Leukemia

#### Hematologic (Blood) Cont.

- Multiple myeloma
- Myelodysplastic syndrome (MDS)
- Sickle cell anemia
- Lymphomia

#### Infectious/Immunologic

- Chlamydia
- Gonorrhea
- Hepatitis B virus
- Hepatitis C virus
- Herpes simplex, genital
- Herpes simplex, oral
- HIV
- HPV Human papiloma virus
- Immunodeficiency state
- MRSA
- Syphilis
- Tuberculosis

#### Kidney/Renal

- Chronic kidney disease
- ESRD on dialysis
- Kidney cancer
- Kidney stone (nephrolithiasis)
- Kidney transplant status
- Lupus nephritis
- Polycystic kidney
- Solitary kidney

## NEW PATIENT HEALTH HISTORY

### MEDICAL HISTORY(continued)

#### Musculoskeletal (bone/Joint)

- Carpal tunnel syndrome
- Diabetic foot infection
- Gout
- Hip fracture
- Low back pain
- Osteoarthritis
- Osteoporosis
- Spinal stenosis
- Tendon rupture

#### Neurologic (Brain/Nervous system)

- Dementia
- Epilepsy (seizures)
- Meningitis
- Migraine headache
- Parkinson's disease
- Stroke

#### Psychiatric

- Alcoholism
- Anxiety disorder
- Bipolar disorder
- Chronic fatigue syndrome
- Depression
- Fibromyalgia
- Schizophrenia

#### Respiratory (Lung/Airway)

- Allergic rhinitis
- Asthma
- Bronchitis
- COPD
- Emphysema
- Interstitial lung disease
- Lung cancer
- Pulmonary embolism

#### Respiratory (Lung/Airway Cont.)

- Pulmonary fibrosis
- Sinusitis chronic

#### Rheumatologic (Autoimmune)

- Rheumatoid arthritis
- Sarcoidosis
- SLE (Lupus)
- Vasculitis

#### Urologic (Bladder/Prostate)

- SPH (enlarged prostate)
- Bladder cancer
- Prostate cancer
- Urinary incontinence
- Urinary retention
- UTIs, recurrent

### SURGICAL HISTORY - Please tell us if you have had any of the following surgical procedures:

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

### FAMILY HISTORY - Please tell us if any of the following medical problems occur in your immediate family:

- No major medical problems
- I was adopted
- Aortic aneurysm
- Asthma
- Bleeding disorder
- Breast cancer
- Chronic kidney disease
- Colon cancer
- Coronary artery disease
- Crohn's disease
- Diabetes melitus
- Hypertension
- Immunodeficiency disorder
- Lung cancer
- Ovarian cancer
- Pancreatic cancer
- Psoriasis
- Rheumatoid arthritis
- Sarcoidosis
- SLE (Lupus)
- Thyroid disease
- Tuberculosis
- Ulcerative colitis

### SOCIAL HISTORY - Please tell us briefly about your habits, work, and partnership status:

**Alcohol:**  3 or more drinks/day  2 or more drinks/day  Past Alcohol  Never/Rare Alcohol

**Tobacco:**  Every day  Some days  Former smoker  Never Smoker  Smokeless Tobacco

**Recreational drugs:**  Never  Past Use  Recent/Ongoing use  Recovering addict

**Exercise (weekly):**  Light  Moderate  Vigorous  Rare or none

**Occupation:** \_\_\_\_\_  Full time  Part time  Unemployed  Disability  Retired

**Partnership status:**  Single  Living w/partner  Disability  Retired