

# PISGAH FAMILY HEALTH

## Patient Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Reason For Visit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current Symptoms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Pharmacy

Name \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

## Medications Currently Used None

(Please include over-the-counter and herbal medications)

|                 |            |                 |
|-----------------|------------|-----------------|
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |
| Drug Name _____ | Dose _____ | Frequency _____ |

## Allergies None

(Include foods, insects, and over-the-counter medications)

|            |                |            |                |
|------------|----------------|------------|----------------|
| Drug _____ | Reaction _____ | Drug _____ | Reaction _____ |
| Drug _____ | Reaction _____ | Drug _____ | Reaction _____ |
| Drug _____ | Reaction _____ | Drug _____ | Reaction _____ |
| Drug _____ | Reaction _____ | Drug _____ | Reaction _____ |

## Past Medical History

### Cardiovascular None

- Abnormal Heart Rhythm
- Carotid Artery Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Deep Vein Thrombosis
- High Cholesterol
- Hypertension
- Heart Attack
- Peripheral Vascular Disease
- Heart Valve Disease
- Other \_\_\_\_\_

### Pulmonary None

- Asthma
- Bronchitis
- COPD
- Pneumonia
- Pulmonary Embolism
- Pulmonary Hypertension
- Sarcoidosis
- Sleep Apnea
- Tobacco Use
- TB
- Other \_\_\_\_\_

### Gastrointestinal None

- Gall Stones
- Cirrhosis
- Colon Polyps
- Crohn's Disease
- Heartburn / GERD
- Hepatitis
- Irritable Bowel Syndrome
- Pancreatitis
- Peptic Ulcer Disease
- Ulcerative Colitis
- Other \_\_\_\_\_

### Endocrine None

- Diabetes
- Hyperthyroidism
- Hypothyroidism
- Menopause
- Other \_\_\_\_\_

### Renal None

- Renal Failure
- Benign Prostatic Hypertrophy
- Endometriosis
- Erectile Dysfunction
- Glomerulonephritis
- Infertility
- Polycystic Kidney Disease
- Kidney Stones
- Urinary Incontinance
- Frequent Bladder Infections
- Other \_\_\_\_\_

### Musculoskeletal None

- Chronic Pain
  - Back
  - Other \_\_\_\_\_
- Fibromyalgia
- Fractures \_\_\_\_\_
- Gout
- Lupus
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Other \_\_\_\_\_

### Neurological None

- Alzheimer's Disease
- ADD/ADHD
- Autism
- Cerebral Palsy
- Stroke
- Dementia
- Degenerative Disc Disease
- Headaches
- Meningitis
- Mental Retardation
- Multiple Sclerosis
- Parkinson's Disease
- Peripheral Neuropathy
- Seizures
- TIAs
- Other \_\_\_\_\_

### Hematologic None

- B-12 Defeciency
- Iron Deficiency
- Anemia
- Clotting Disorder
- Other \_\_\_\_\_

### Allergy/Immune None

- Allergies
- Chicken Pox
- Eczema
- Immune Deficiency
- Ear Infections
- Psoriasis
- Sinusitis
- Other \_\_\_\_\_

### Cancers None

- Breast
- Colon
- Leukemia/Lymphoma
- Lung
- Melanoma
- Prostate
- Skin \_\_\_\_\_
- Thyroid
- Other \_\_\_\_\_

### Psychiatric None

- Anxiety
- Anorexia / Bulimia
- Bipolar Disorder
- Depression
- Obsessive Compulsive
- Panic Attacks
- Schizophrenia
- Other \_\_\_\_\_

### Other

- Cataract
- Glaucoma
- Over Weight
- Other \_\_\_\_\_

## Pregnancy/Gynecological History

Pregnancies # \_\_\_\_\_ Age Periods Started \_\_\_\_\_ Current Birth control \_\_\_\_\_  Pregnancies Problems  
Children # \_\_\_\_\_ Age at Menopause \_\_\_\_\_  Hysterectomy  Menstrual Problems  
Abortions # \_\_\_\_\_ Last Pap Smear \_\_\_\_\_  Ovaries Removed  Abnormal Pap Smears  
Miscarriages # \_\_\_\_\_ Last Mammogram \_\_\_\_\_  Breast Surgeries  Abnormal Mammograms

## Do You See Any Specialists? No Yes (indicate below)

Dr. \_\_\_\_\_ Specialty/Group: \_\_\_\_\_ for \_\_\_\_\_

Dr. \_\_\_\_\_ Specialty/Group: \_\_\_\_\_ for \_\_\_\_\_

Dr. \_\_\_\_\_ Specialty/Group: \_\_\_\_\_ for \_\_\_\_\_

# Surgical History None

## Organ Removal

- Appendix
- Gall Bladder
- Colon
- Lung
- Parathyroid
- Prostate
- Sinus
- Small Bowel
- Spleen
- Thyroid
- Tonsils
- Uterus
- Other \_\_\_\_\_

## Other Surgeries

- Abortion
- Aortic Aneurysm
- Arthroscopy
- Biopsy:
- Coronary Artery Bypass
- Cardiac Valve
- Carotid Endarterectomy
- Cataract Removal
- Coronary Artery Stent
- C-Section
- Dilation & Curettage
- Fracture repair
- Hernia Repair
- Hysterectomy

- Ovaries Removed
- Joint replacement
- Laminectomy
- Laparotomy (exploratory)
- Nissen Fundoplasty
- Pacemaker
- Coronary Angioplasty
- Tubal Ligation
- TURP
- Vasectomy

- Other \_\_\_\_\_
- Other \_\_\_\_\_

## Other Procedures

- Circumcision
- Lasik
- Lumbar Puncture
- RK
- Bone Marrow Biopsy
- Liver Biopsy
- Prostate Biopsy
- Renal Biopsy
- Skin Biopsy
- Vasectomy
- Other \_\_\_\_\_
- Other \_\_\_\_\_

# Family History

| Relation    | Medical Problems | Age at Death | Cause of Death |
|-------------|------------------|--------------|----------------|
| Father      |                  |              |                |
| Mother      |                  |              |                |
| Brothers #  |                  |              |                |
| Sisters #   |                  |              |                |
| Sons #      |                  |              |                |
| Daughters # |                  |              |                |
| Paternal GF |                  |              |                |
| Paternal GM |                  |              |                |
| Maternal GF |                  |              |                |
| Maternal GM |                  |              |                |
| Others:     |                  |              |                |
|             |                  |              |                |

# Social History - Adult

## Occupation \_\_\_\_\_

Hours Worked \_\_\_\_\_

- Shift Work
- Retired
- Disabled

## Marital Status

- Single
- Married
- Divorced
- Widowed

Age of Children \_\_\_\_\_

Who you live with \_\_\_\_\_

## Exercise

(Type) \_\_\_\_\_

- Daily
- Rarely
- Never

## Tobacco:

- Never
- Now
- Quit: \_\_\_\_\_

Type Used:

- Cigarettes
- Cigar / Pipe
- Smokeless

Amount \_\_\_\_\_

For how long \_\_\_\_\_

## Alcohol:

- Never
- Now
- Quit: \_\_\_\_\_
- Alcoholism

Number of drinks \_\_\_\_\_

How often?

- Daily
- Weekly
- Social
- Rare
- Occasional Binge

Hobbies \_\_\_\_\_

Sleep \_\_\_\_\_ hours/day

Caffeine: \_\_\_\_\_ drinks/day

Diet: \_\_\_\_\_

Supplements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Illicit Drugs:

\_\_\_\_\_

\_\_\_\_\_