Calvary Medical Clinic

Family Practice----Internal Medicine----Pediatrics

*New Patient Medical History Questionnaire (**ADULT**)*

PATIENT NAME: _____ **DATE OF BIRTH:** _____ **Male/Female**

DRUG ALLERGIES: (PLEASE CIRCLE)

Asprin Codeine Hydrocodone
Penicillin Ibuprofen Iodine
Morphine Sulfa
Other: _____

HOSPITALIZATIONS OR SURGERIES:

Reason: _____ Date: _____
Reason: _____ Date: _____

SOCIAL HISTORY: (PLEASE CIRCLE)

Smoke: Currently PPD 1 2 3 + Quite Date: _____
Alcohol: Social Moderate Heavy Type: _____
Caffeine: CPD 1 2 3 4 + Other: _____
Exercise (weekly) 1 2 3 4 5 +
Sleep Patterns: Good Restless Hours: 4 5 6 7 8 +
Infectious/Hazardous Material Contact: _____

PAST MEDICAL HISTORY:

Anemia _____
Bowl Irregularities _____
Depression/Anxiety _____
Gallbladder Disease _____
High Blood Pressure _____
Scarlett Fever _____
Prostate Disease _____
Arthritis _____
Chest Pain _____
Diabetes _____
Gout _____
High Cholesterol _____
Ulcer _____
Urinary Problems _____
Asthma _____
Chronic Rash _____
Dizziness _____
Hay Fever/Allergies _____
Rheumatic Fever _____
Venereal Disease _____
Sexual Dysfunction _____

WOMEN ONLY

Last Period _____
Total # pregnancies _____
Flow: Light Moderate Heavy
Full Term Deliveries _____
Menstruation Began at age: _____
Total # Living Children _____
Pregnant Yes No
Planning Future Pregnancies: Yes No
Last Mammogram _____

FAMILY HISTORY:

	Father	Mother	Siblings	Children
Heart Disease				
High Blood Pressure				
Stroke				
Cancer				
Diabetes				
Epilepsy/Convulsions				
Bleeding Disorders				
Kidney Disease				
Thyroid Disease				
Mental Illness				
Arthritis				

	Age	Living	Deceased	Cause
Father				
Mother				
Siblings				

IMMUNIZATIONS:

Last Tetanus_____ MMR_____ Polio_____
Last TB Test _____ Chest Xray _____
Date Completed: _____