

PATIENT HISTORY				
Name:		Date of Birth:	Reason for Visit:	
Primary Care Provider:		How did you hear about us?		
MOBILITY STATUS				
Do you use any equipment or need assistance in any physical activity? Y N If yes (circle):				
Cane   Walker   Crutches   Knee Walker   1- Person Assist   2- Person Assist   Gait Belt   Wheelchair   Scooter   Sit-to-Stand Device   Lift Device				
ALLERGIES		CURRENT MEDICATIONS		
Allergies to any medication? Y N				
If yes, list med and reaction:				
TOBACCO USE		HEALTH MAINTENANCE		
<b>Tobacco</b> (circle all that apply): Cigarettes Pipe Cigar E-Cigarettes		<b>Type</b>	<b>Date</b>	<b>Location</b>
Start Date:	Quit Date:	Mammogram		
Packs per day:		Bone Density		
<b>Smokeless Tobacco:</b> Snuff Chew		Colonoscopy		
<b>Years:</b>		PAP Smear		
<b>Counseling Given:</b> Yes No		Cholesterol		
<b>Comment:</b>		Thyroid Check		
IMMUNIZATIONS	OB/GYN STATUS	GYN HISTORY		
Chicken Pox: Y N	Are you currently pregnant? Y N	<b>Age of first period:</b>	<b>Period Duration:</b>	
Hepatitis B: Y N	Last Menstrual Period (LMP):	<b>Period Pattern:</b> Regular Irregular	<b>Menstrual Flow:</b> Light Moderate Heavy	
HPV: Y N	Is this date approximate? Y N	<b>Menstrual Control:</b> Panty Liner Thin Pad Maxi Pad Hospital Pad Tampon Other:	<b>Menstrual Freq Change:</b>	
Influenza: Y N	Are you unsure of your LMP? Y N	<b>Intermenstrual Bleeding:</b> None Monthly Regular Irregular		
Pneumovax: Y N	Currently breast feeding: Y N	<b>Dysmenorrhea:</b> None Moderate Severe		
Tetanus: Y N	Date of + preg test (if necessary):	<b>Dysmenorrhea Symptoms:</b> Cramping Throbbing Nausea Diarrhea Headache		
MEDICAL HISTORY				
Anemia: Y N	Cancer: Y N	Emphysema: Y N	Heart Failure: Y N	Seizures: Y N
Anxiety: Y N	Cataracts: Y N	Environmental Allergies: Y N	Heart Murmur: Y N	Sickle Cell Anemia: Y N
Arthritis: Y N	Chronic Kidney Disease: Y N	GERD (acid reflux): Y N	HIV/AIDS: Y N	Stroke: Y N
Asthma: Y N	Chronic Bronchitis: Y N	GI Ulcer: Y N	Hypertension: Y N	Substance Abuse: Y N
Blood Clot: Y N	Depression: Y N	Glaucoma: Y N	Meningitis: Y N	Thyroid Disease: Y N
Blood Transfusion: Y N	Diabetes: Y N	Heart Attack: Y N	Osteoporosis: Y N	Tuberculosis: Y N

