

ASSOCIATES IN FAMILY PRACTICE, PLLC

Name:		Gender (circle): M F		Today's Date	
Birthdate:	Age:	Dominant Hand (circle): Right Left Both (Ambidextrous)			
Currently Live (circle):		Alone	With Family	With Friend(s)	With Significant Other
Marital Status (circle):		Married	Separated	Divorced	Widowed Never Married
Number of Children:		Employment (circle):		Working	Unemployed Retired Student
Tobacco use:		Never smoked/chewed	Former smoker	Currently smoke	# ___ per day # ___ yrs using tobacco
Alcohol Use:		Never drink alcohol	Quit this year	Currently drink alcohol	Frequency _____
Illegal Drug Use:		Never used illegal drugs	Currently use	Quit less than 3 yrs ago	Past use only
Drug Allergies:					

PERSONAL HEALTH HISTORY

Check All Items either YES or NO & give approximate date if Past	NO	Yes NOW	Yes PAST	Date	Check All Items either YES or NO & give approximate date if Past	NO	yes NOW	Yes PAST	Date
Anemia (type)_____					Hepatitis B				
Angina (Chest Pain)					Hepatitis C				
Anxiety					HIV infection				
Arteriosclerotic Heart Disease - ASHD					Hypercholesterolemia (High Cholesterol)				
Arthritis					Hypertension - High Blood Pressure				
Asthma					Hyperthyroidism (OVER active thyroid)				
Back pain					Hypoglycemia				
Bleeding disorders					Hypothyroidism (UNDER active thyroid)				
Cancer (type)_____					Insomnia (SLEEPING problems)				
Cardiovascular (HEART) Disease					Irritable bowel syndrome				
Carpal tunnel syndrome					Liver disease				
Cerebrovascular disease (STROKE)					Lupus				
Chronic Obstructive Pulmonary Disease					Macular Degeneration				
Cirrhosis of the liver					Menopause				
Constipation					Menstrual problems				
Coronary Artery Disease (CAD)					Migraine				
Deep Vein Thrombosis (DVT)					Osteoporosis				
Diabetes					Parkinson's Disease				
Eczema					Renal (KIDNEY) failure				
Emphysema					Renal Calculi (KIDNEY STONES)				
Gastroesophageal REFLUX disease					Rheumatic Fever				
Glaucoma					Seizure Disorder				
Headaches					Sinusitis (SINUS PROBLEMS)				
Hearing Loss					Syncope (PASSING OUT)				
Heart Attack					Ulcerative COLITIS				
Heart Murmur					Other				
Hematuria/BLOOD in urine					Other				