

COMPREHENSIVE MEDICAL HISTORY & CURRENT MEDICATIONS FORM

A. PATIENT IDENTIFIERS

MRN: _____ Name: _____ DOB: ____/____/____ Today's Date: _____

B. PAST MEDICAL CONDITIONS (check all that apply)

Cardiovascular: ☐ Hypertension ☐ High Cholesterol ☐ Heart Attack ☐ Arrhythmia

Respiratory: ☐ Asthma ☐ COPD ☐ Sleep Apnea

Endocrine: ☐ Diabetes Type 1 ☐ Diabetes Type 2 ☐ Thyroid Disease

Neurologic: ☐ Seizure Disorder ☐ Stroke ☐ Migraine

Other: _____

C. SURGICAL HISTORY

Year _____ Procedure _____ Hospital/Surgeon _____

Year _____ Procedure _____ Hospital/Surgeon _____

D. IMMUNIZATIONS

Tetanus/Tdap ☐ Current (Year ____)

Influenza ☐ Current (Year ____)

COVID-19 ☐ Current (Year ____)

HPV ☐ Completed series (Year ____)

E. CURRENT MEDICATIONS

Drug Name _____ Dose _____ Frequency _____ Purpose _____ Start Date ____/____/____

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F. ALLERGIES / ADVERSE REACTIONS

☐ No known drug allergies (NKDA)

Allergen _____ Reaction _____

Allergen _____ Reaction _____

G. FAMILY HISTORY (first-degree relatives)

Heart Disease <55 yrs: ☐ Mother ☐ Father ☐ Sibling(s) ☐ Child(ren)

Diabetes: ☐ Mother ☐ Father ☐ Sibling(s) ☐ Child(ren)

Cancer (type ____): ☐ Mother ☐ Father ☐ Sibling(s) ☐ Child(ren)

H. SOCIAL HISTORY

Occupation/School: _____

Living Situation: ☐ Alone ☐ With family ☐ Assisted living ☐ Other: _____

Exercise: ☐ None ☐ <1x/wk ☐ 1-3x/wk ☐ 4+x/wk – type: _____

Diet: ☐ Standard ☐ Vegetarian ☐ Vegan ☐ Other: _____

Caffeine: ____ cups/day Energy drinks: ____ per week

Sexual Activity: ☐ Not Active ☐ Active – protection used? ☐ Yes ☐ No

Travel outside US in last 6 mo? ☐ No ☐ Yes – where: _____

I. REVIEW OF SYSTEMS (past 2 weeks) – check symptoms

General ☐ Fever ☐ Weight loss ☐ Fatigue

Skin ☐ Rash ☐ Itching ☐ Lesions

HEENT ☐ Vision changes ☐ Hearing loss ☐ Sore throat

Cardio ☐ Chest pain ☐ Palpitations

Pulmonary ☐ Cough ☐ Shortness of breath

GI ☐ Nausea ☐ Abdominal pain

GU ■ Burning urination ■ Incontinence

Neuro ■ Headache ■ Dizziness

Psych ■ Anxiety ■ Depression

J. SIGNATURE

I attest the above information is accurate to the best of my knowledge.

Signature _____ Date ____ / ____ / ____