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

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 ■ <1×/wk ■ 1■3×/wk ■ 4+×/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 ____ / ____ / _____