

Internal Medicine Associates
New Patient History

Name	Date	Chart #
Medical History:		Vaccinations: date of last...
		Influenza Vaccine
		Pneumovax
		Prevnar-13
		Gardasil/HPV
		Hepatitis A/B
		Tetanus
		Shingles
		Others
Surgical History:		Last complete physical:
		Last colonoscopy:
		Last mammogram:
Medications:		
		Last bone density test:
		Last pap smear/result:
		Last Chest CT if smoker:
Medication Allergies:		Specialists you see for your health care:
Tobacco Use:		
Alcohol Use:		
		Do you exercise regularly?
		What and how often?
Family History:		
Mother:		
Father:		
Siblings:		

Please fill out as much information as possible, and write N/A for whatever does not apply. Thank-you.
We look forward to meeting you in person.