

****Patient Information****

Full Name	John Doe
Date	
Birth Date	04/23/1985
Age	39

****Allergies****

Penicillin	Allergic Reaction: Rash, Swelling
Pollen	Allergic Reactions: Sneezing, Itchy Eyes

****Medications****

Ibuprofen	10mg, 1 time per day
Lisinopril	200mg, 3 times per day
Metformin	500mg, 2 times per day

****Health Maintenance Screening Test History****

Cholesterol	Date: 01/15/2024, Facility/Provider: Health Clinic, Abnormal Result: No
Colonoscopy/Sigmoid	Date: 12/10/2023, Facility/Provider: City Hospital, Abnormal Result: No
Mammogram	Date: 09/10/2023, Facility/Provider: Health Wellness, Abnormal Result: No
Pap Smear	Date: 11/08/2020, Facility/Provider: Not specified, Abnormal Result: No
Bone Density	Date: 04/12/2022, Facility/Provider: Not specified, Abnormal Result: No
Last Tetanus Booster or TdaP	12/10/2021
Last Pneumovax (Pneumonia)	07/21/2022
Last Flu Vaccine	10/05/2023
Last Prevnar	Not specified
Last Zoster Vaccine (Shingles)	Not specified

****Personal Medical History****

Alcoholism/Drug Abuse	Yes
Asthma	Yes, Controlled with medication
Cancer	(type: Not specified)
Depression/Anxiety/Bipolar/Suicidal	Yes
Diabetes	(type: Type 2, Diagnosed in 2020, on Metformin)
Emphysema (COPD)	Yes, Mild, occasional use of inhaler
Heart Disease	Yes, Under control with diet
High Blood Pressure (hypertension)	Yes
High Cholesterol	Yes
Hypothyroidism/Thyroid Disease	Not specified
Renal (kidney) Disease	Not specified

Migraine Headaches	Yes, Treated with pain relievers
Stroke	Not specified
Other	Not specified

****Current Surgeries****

Appendectomy	Date: 03/10/2010, Location/Facility: General Hospital
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****Women's Health History****

Date of Last Menstrual Cycle	Not specified
Age of First Menstruation	Not specified
Age of Menopause	Not specified
Total Number of Pregnancies	2
Number of Live Births	Not specified
Pregnancy Complications	Not specified

****Social History****

Occupation	Not specified
Employment Status	Not specified
Years of Education or Highest Degree	Not specified
Night Shift	No
Marital Status	Not specified
Children	Yes, Number of Children: Not specified
Family Medical History	No Significant Family History is Known

****Other Health Issues****

Tobacco Use	
Smoke Cigarettes	No
Current	Packs/day: Not specified, # of Years: Not specified
Past	Quit Date: Not specified, Packs/day: Not specified, # of Years: Not specified
Alcohol/Drug Use	
Do you drink alcohol?	Yes
# of Drinks/week	Not specified
Do you use recreational drugs?	No
Have you ever taken someone's drugs?	No

****Exercise****

Do you exercise regularly?	Yes
Type of Exercise	Not specified
Duration	Not specified
How often	Not specified

****Sexual Activity****

Sexually involved currently?	Yes
Sexual partner(s)	Not specified
Birth control method	Not specified
Advance Directive for Health Care	Yes

****Specialist Visits****

Cardiology	Last Visit: 05/15/2024, Provider: Dr. Smith
Gastroenterologist (GI)	Last Visit: 07/18/2023, Provider: Dr. Lee
OB/GYN	Last Visit: 02/10/2024, Provider: Dr. Garcia

****Additional Information****

Served in the military?	No
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****Review of Systems****

Skin	No issues reported
Genitourinary	No issues reported
Cardiovascular	No issues reported
Muscular	No issues reported
Gastrointestinal	No issues reported
Endocrine	No issues reported
Constitutional	No issues reported
Respiratory	No issues reported
Eyes	No issues reported
Head, Ear, Nose & Throat	No issues reported
Allergy/Immuno	Environmental allergies
Neurological	No issues reported
Hematologic	No issues reported
Psychiatric	No issues reported