Patient Information	
Full Name	John Doe
Date	04/23/1985
Birth Date	04/23/1985
Age	39
Allergies	
Allergy	Penicillin, Allergic Reaction: Rash, Swelling
Allergy	Pollen, Allergic Reactions: Sneezing, Itchy Eyes
Medications	
Ibuprofen	1 time per day, 200 mg
Lisinopril	3 times per day, 10 mg
Metformin	2 times per day, 500 mg
Heroin	Prescribed for leukemia, Dosage: Once every 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: 11/08/2020, Facility/Provider: , Abnormal Result: No
Pap Smear	Date: 04/12/2022, Facility/Provider: , Abnormal Result: No
Bone Density	Date: 12/10/2021, Facility/Provider: , Abnormal Result: No
Last Tetanus Booster or TdaP	07/21/2022
Last Pneumovax (Pneumonia)	10/05/2023
Last Flu Vaccine	
Last Prevnar	
Last Zoster Vaccine (Shingles)	
Personal Medical History	
Alcoholism/Drug Abuse	Yes
Asthma	Yes, Mild, occasional use of inhaler
Cancer	
Depression/Anxiety/Bipolar/Suicidal	Yes
Diabetes	Diagnosed in 2020, on Metformin
Emphysema (COPD)	
Heart Disease	
High Blood Pressure (hypertension)	Yes, Controlled with medication

High Cholesterol	Yes
Hypothyroidism/Thyroid Disease	
Renal (kidney) Disease	
Migraine Headaches	Yes, Treated with pain relievers
Stroke	
Other	
Current Surgeries	
Type	Appendectomy
Date	03/10/2010
Location/Facility	General Hospital
Social History	
Occupation	
Retired	
Unemployed	
LOA	
Disabled	
Employer	
Years of Education or Highest Degree	
Night Shift	No
Marital Status	
Do you have children?	Yes, Number of children: 2
Family Medical History	No Significant Family History is Known
Other Health Issues	
Tobacco Use	
Smoke Cigarettes	No
Current Packs/day	
Years	
Past	
Quit Date	
Packs/day	
Years	
Other Tobacco	
Alcohol/Drug Abuse	
Do you drink alcohol?	Yes
# of Drinks/week	

Do you use marijuana or recreational drugs?	No
Have you ever used needles to inject drugs?	No
Have you ever taken someone else's drugs?	No
Exercise	
Do you exercise regularly?	Yes
What kind of exercise?	
Duration	
How long (min.)	
How often	
Sexual Activity	
Sexually involved currently?	Yes
Sexual partner(s)	Male
Birth control method	
Specialist Visits	
Cardiology	Last Visit: 05/15/2024, Name: Dr. Smith
Gastroenterologist (GI)	Last Visit: 07/18/2023, Name: Dr. Lee
OB/GYN	Last Visit: 02/10/2024, Name: Dr. Garcia
Additional Information	
Have you traveled outside of the country in the last 30 days?	No
Have you served in the military?	No
Review of Systems	
Skin	
Genitourinary	
Cardiovascular	
Muscular	
Gastrointestinal	
Endocrine	
Constitution	
Respiratory	
Eyes	
Head, Ear, Nose & Throat	
Allergy/Immuno	

Neurological

Hematologic

Psychiatric