^^Patient Information^^	
Full Name	John Doe
Date	04/23/1985
Birth Date	04/23/1985

39 Age

Allergies

Patient's allergies Penicillin (Rash, Swelling), Pollen (Sneezing, Itchy Eyes)

Medications

Patient's medications Ibuprofen (10mg, 1 time per day), Lisinopril (200mg, 3 times

per day), Metformin (500mg, 2 times per day), Heroin

(dosage: once every day)

Health Maintenance Screening Test History

Cholesterol Date: 01/15/2024, Facility/Provider: Health Clinic, Abnormal

Result? N

Colonoscopy/Sigmoid Date: 12/10/2023, Facility/Provider: City Hospital, Abnormal

Result? N

Mammogram Date: , Facility/Provider: , Abnormal Result?

Pap Smear Date: 04/12/2022, Facility/Provider: , Abnormal Result? N **Bone Density** Date: 07/21/2022, Facility/Provider: , Abnormal Result? N

Last Tetanus Booster or TdaP 10/05/2023

Last Pneumovax (Pneumonia)

Last Flu Vaccine Last Prevnar

Last Zoster Vaccine (Shingles)

Personal Medical History

Alcoholism/Drug Abuse Yes

Asthma Yes (Mild, occasional use of inhaler)

Cancer (type:) Depression/Anxiety/Bipolar/Suicidal Yes

Diabetes (type: 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

Other

Current Surgeries

Type Appendectomy
Date 03/10/2010

Location/Facility General Hospital

Social History

Family Medical History No Significant Family History is Known

Occupation

Employer

Years of Education or Highest Degree

Night Shift N

Marital Status

Do you have children? Y, How many? 2

Other Health Issues

Tobacco Use

Alcohol/Drug Use

Exercise

Sexual Activity

Specialist Last Visit

Additional Information

Review of Systems

Skin

Genitourinary

Cardiovascular

Muscular

Gastrointestinal

Endocrine

Constitution

Respiratory

Eyes

Head, Ear, Nose & Throat

Allergy/Immuno

Neurological

Hematologic

Psychiatric