New Patient Health Information

This information is very valuable in assisting us in our thorough evaluation. Please fill it out as completely as possible.

Name:_____ Age: _____

Reason for Visit:_____

Please provide name of your Primary Care Physician (PCP):_____

Allergies:_____

PAST MEDICAL HISTORY

Please check any issues you have experienced.			
	Bladder problems		Bleeding disorders
	Cancer		Deep vein thrombosis
	Anxiety		Diabetes
	Hepatitis		High blood pressure
	Osteoporosis		Psychiatric problems
	Respiratory problem/asthma		Seizure disorder
	Stomach or bowel problem		Thyroid
	Blood transfusions		Pulmonary embolism
	Depression		Other neurologic problem
	Heart disease or murmur		Migraine headaches
	Other		

Please provide details for any past medical issues checked above.

Please list details of any surgeries.

Please list all current medications including vitamins and herbs.

Received current flu vaccine?	Received current tDAP vaccine?

FAMILY MEDICAL HISTORY

Has anyone IN YOUR FAMILY had any of the following? If so please check and give details below.			
	Diabetes		Heart disease
	Uterine or genital cancer		Breast cancer
	Prostate cancer		Bleeding problems
	Birth defects		Genetic disorders
	Blood clots		Deep vein thrombosis
	High blood pressure		Osteoporosis
	Colon cancer		Multiple births (twins, triplets)

FEMALE HEALTH HISTORY

Please check any issues you have experienced.			
	Spotting between cycles		Spotting after intercourse
	Pain with intercourse		Mood changes before and during cycles
	Cramps before and during cycles		Other before and during cycles

Please provide details below.

Age of first menstruation:	First day of last period:
How many days between the first day of one cycle and the first day of the next cycle?	
Usually regular?	If not regular, please describe.
Flow how many days?	Heavy how many days?
If heavy, how many pads/tampons used on a heavy day?	
Concerns about your cycles?	
Do you take any medications, herbs or vitamins to help with any of the above?	

PREGNANCY HISTORY

Please provide details below.

How many pregnancies?	How many miscarriages?
How many elective terminations?	How many live births?
How many cesarean sections?	
Problems with pregnancy?	

PAP SMEAR HISTORY

Please check any issues you have experienced.	
	Pap smear always regular and normal results
	Pap smear somewhat abnormal years ago, but normal for the last 3 years
	Told you have HPV (human papilloma virus)

Please provide details below.

Date of last pap smear:	Pap smear results normal?
Please describe any abnormal pap smear history.	

URINARY HISTORY

Please check any issues you have experienced.			
	No concerns		Leak with cough
	Rare leakage		Leak with intercourse
	Leak with activity		Leak uncontrolled and unpredictable
	Pain with urination		Flank pain
	Incomplete emptying		Feeling something is falling
	Urinate more than 2 times in the night		

COLON HEALTH HISTORY

Date of last colonoscopy:	Colonoscopy results normal?

Please describe any abnormal colonoscopy history.

CONTRACEPTION

Please check any you have experienced.

	None		Rhythm
	Condoms		Depo injection
	"Tubes tied"		Vasectomy
	Evra patch		Mirena IUD
	IUD (paragard/copper T)		Birth control pills Type:

Types of birth control tried and didn't like:

SEXUAL HEALTH

Please check any issues you have experienced.

	Chlamydia		Condyloma
	Gonorrhea		Trichomonas
	Herpes		HIV

Please list type and year for any of the above.

Age of first intercourse:	Lifelong number of partners:

Have you been sexually abused?

Have you ever had PID (pelvic inflammatory disease)?

Are you satisfied with your sexuality, or?

Do you want any STD testing today?

BREAST HEALTH

Please check any that apply.

	Do you have or have you had breast cancer?		Do you have a mother, sisters, or daughters with breast cancer?
	Do you have a family history of colon cancer?		Do you have a family history of ovarian cancer?

Date of last mammogram:	Results normal?

OSTEOPOROSIS SCREENING

Please check any that apply.

	Thin bone frame		Family members with osteoporosis
	Caucasian background		Asian background
	Unexplained fractures		Drink lots of soda or coffee
	Adequate calcium in diet		Adequate Vitamin D in diet
	Adequate magnesium in diet		

Date of last bone density scan:	Results normal?

Are you taking any medication that can affect your bones?

LIFESTYLE HEALTH

Please check any that apply.

	Smoke tobacco	How long?	How much?
	Previously smoked tobacco	How long?	When did you quit?
	Drink alcohol	What kinds?	How often?
	Use/used recreational drugs	What kinds?	How often?

NUTRITION

Breakfast Monday – Friday

Lunch Monday – Friday

Dinner Monday – Friday

Snacks, Drinks and After dinner eating

EXERCISE

List your typical exercises.

Frequency?

PSYCHOLOGICAL HEALTH

Please check any issues you have experienced.

	Emotional illness		Depression
	Excessive worry or anxiety		Loneliness
	Severe tension		Feelings of worthlessness

Please provide details if you are currently experiencing any of the following:

Anxiety issues

Eating issues

Mood issues

Sleep issues

Do you feel safe at home?

REVIEW OF SYSTEMS: Please circle all current concerns

Constitutional: chills, fatigue, fever, night sweats, unintentional weight loss or gain
Cardiovascular: chest pain, dizziness, palpitations, racing heart
Respiratory: cough, shortness of breath, wheeze
Gastrointestinal: Abdominal pain, acid reflux, anorexia, bloating, constipation, diarrhea, blood in stool, hemorrhoids, stool caliber change, black stool
Breasts: lumps, soreness, redness, nipple discharge, skin dimpling, size change
Allergic: seasonal, bee sting
Musculoskeletal: joint aches, low back pain, limb pain, muscle pain
Skin: atypical moles, rash
Neurological: Fainting, headaches, memory loss, tingling, seizures, tremors, weakness
Blood: easy bruising, excessive bleeding
Endocrine: Hair loss, heat/cold intolerance, hairiness, hot flashes, increased skin pigmentation, infertility, excessive thirst
Psychiatric: Poor concentration, suicidal thoughts, anxiety

We welcome you to a new approach to your health care.
Please use our website for links to high quality websites that you may find helpful.