Alliance HEALTH

PATIENT HISTORY

Legal Last Name	Legal First Name	Birth Date / /

Medical History:

	Y	N		Y	N		Y	N
Allergies			Diabetes Mellitus			Nerve / Muscle Disease		
Anemia			Emphysema					
Anxiety			Glaucoma			Obesity		
Arthritis			Heart Murmur			Osteoporosis		
Asthma			Hepatitis			Seizures		
Cancer			HIV/AIDS			Sickle Cell Anemia		
Cataracts			Hyperlipidemia			Stroke		
CHF			Hypertension			Substance Abuse		
Clostridium Difficile			Hypothyroidism			Thyroid Disease		
Clotting Disorder			Kidney Disease			Tuberculosis		
COPD			Meningitis			Ulcerative Colitis		
Coronary Artery Disease			MRSA			Ulcers		
			Myocardial Infarction			Varicella / Chicken Pox		
Depression								

Allergies:

Other Medical History:

Surgical History:

	Y	N		Y	N		Y	N
Appendectomy			Cosmetic Surgery			Small Intestine Surgery		
Brain Surgery			Eye Surgery					
Breast Surgery			Fracture Surgery			Spine Surgery		
C-Section			Hernia Repair			Tonsillectomy		
CABG			Hysterectomy			Tubal Replacement		
Cholecystectomy			Joint Replacement			Valve Replacement		
Colon Surgery			Prostate Surgery			Vasectomy		

Other Surgical History:

Health Maintenance History:

	Date		Date -		Date
Pneumonia Vaccine		Creatinine Level		Mammogram	
TD/TDAP Vaccine		DXA Scan		Eye Exam	
Depression Screen		Fall Risk Screening		PSA	
Chest X-Ray		Foot Exam		Stress Test	
Clinical Breast Exam		Hemoglobin A1C			
Colon Cancer Screen		Lipid Panel			

Family History:

Relationship	Status	Age	Alcohol Abuse	Arthritis	Asthma	Birth Defects	Cancer	COPD	Depression	Diabetes	Drug Abuse	Early Death	Hearing Loss	Heart Disease	Hyperlipidemia	Hypertension	Kidney Disease	Learning Disabilities	Mental Illness	Mental Retardation	Stroke	Vision Loss	Heart Attack	Heart Failure
Mother																								
Father																								
Sister																								
Brother																								
Daughter																								
Son																								
Mat Aunt																								
Mat Uncle																								
Pat Aunt																								
Pat Uncle																								
MGM																								
MGF																								
PGM																								
PGF																								
Other:																								
Other:																								

Comments: _____

_____

Social History:

Sexually Active? ☐ Yes ☐ No	Sex of Partner: ☐ M ☐ F				
Birth Control/Protection: ☐ Abstinence ☐ Coitus Interruptus ☐ Condom ☐ Diaphragm ☐ Implant ☐ Injection ☐ Inserts ☐ IUD ☐ OCP ☐ Patch ☐ Post-Menopausal ☐ Rhythm ☐ Spermicide ☐ Sponge ☐ Surgical ☐ Other ☐ None					
Alcohol Use? ☐ Yes ☐ No	Types of Drinks: _____ Glass(es) of Wine _____Can(s) of Beer _____ Shot(s) of Liquor				
Tobacco Use? ☐ Yes ☐ No ☐ Quit ☐ Passive	Packs per Day: ☐ 0.25 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2	Years: ☐ 1 ☐ 2 ☐ 5 ☐ 10+	Quit Date: / /		
Drug Use? ☐ Yes ☐ No	Drug:	Use per Week:	Smokeless Tobacco? ☐ Yes ☐ No	Type of Smokeless Tobacco: ☐ Snuff ☐ Chew	Quit Date: / /
Ready to Quit? ☐ Yes ☐ No	Counseling Given: ☐ Yes ☐ No				

Alliance HEALTH

Medications

Date: _____

Patients Name: _____

Date of Birth: _____

Name	Dose	How Often

Medication Reconciliation done by: _____

Physician: _____ Date: _____