## Southwest General Medical Group

## **Patient History**

Name:				Age:	DO	OB: _			Date	:	
Occupation:		Last Physical Exam date:									
Previous Physician:											
Below are a number of questions concerning possible present symptoms and / or past medical history. Please answer the questions as accurately as possible. This will enable us to become completely familiar with your medical history as well as enable us to expedite proper medical services to you. This is a confidential record of your medical history and will not be released to anyone without your prior consent.											
List all past medical conditions:				SOCIAL HISTORY							
				Do you:			Yes	No	Daily consumption		
	Use tobacco				packs						
	Drink coffee						cups				
Operations / Hospitalization	Yes	No	Date	Alcohol						servings	
Tonsils				Hard liquor / wine consumption servings							
Appendix				Other information:							
Gall Bladder				Have you received a blood or plasma transfusion ☐ Y ☐ N							
Stomach				Substance abuse: ☐ Y ☐ N							
Kidney				IMMUNIZATION (check those you have had and please note year):							
Colon				☐ Tetanus ☐ Pneumonia ☐ Hepatitis B							
Thyroid				☐ Chicken Pox ☐ Childhood Immunization(s)							
Hernia				☐ Other:							
Uterus (women)				FAMILY HISTORY							
Ovaries (women)				Living				Health Problems			
Prostate (man)				Age Health Good Fair Poor				Age at Health Problems death Cause of Death			
Joint Replacement				Father							
Pregnancy / C-Section				Mother							
Other:				Brother(s)							
				Sister(s)							
Female Only Menstrual History:								lood re	lative ı	next to illness:	
Onset at age:				☐ Anemia ☐ Heart Disease							
Days of flow:								☐ High Blood Pressure			
Length of cycle:				□ Asthma □							
Number of pregnancies:										se	
Last mammogram (date):				☐ Depression / Suicidal ☐ Tuberculosis							
Last Pap / Pelvic / Breast exam (date):				□ Uncontrolled Bleeding						_	
List below all medications you are presently taking (including birth control and diet pills).								□ Ulcer			
(morading birdi condorana diet pina).				☐ Epilepsy ☐ Other: Doctor's Use Only – Summary:							
				Doctor's Use	Only	– Su	mmar	y:			
List all allergies to medications:											