

Adult General History Form

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|--|-----------------------|
| Name: | Date of Birth: |
| Active Problems: | |
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| | |
| Past Major Medical Problems: | |
| | |
| | |
| Surgeries: | |
| | |
| | |
| Medications, herbs, and supplements used: | |
| | |
| | |
| Allergies: (to medicine, environment, food and other) | |
| | |
| | |

| Family History | Age at death | Check if they had | | | | | Other medical conditions |
|----------------|--------------|-------------------|--------|----------|---------------|--------|--------------------------|
| | | Heart disease | Stroke | Diabetes | Osteo-porosis | Cancer | |
| Father | | | | | | | |
| Mother | | | | | | | |
| Brother | | | | | | | |
| Sister | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Social History | | | | | | |
|--------------------------|--|----------------------------------|---|-------------------------------------|-----------------------------------|----------------------------------|
| Marital Status: | | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Separated <input type="checkbox"/> | Divorced <input type="checkbox"/> | Widowed <input type="checkbox"/> |
| Occupation: _____ | | <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled | <input type="checkbox"/> Unemployed | | |
| Religion: _____ | | Place of worship: _____ | | | | |
| Drug Use: | <input type="checkbox"/> Never use | | I currently use... <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Other _____ | | | |
| | <input type="checkbox"/> Recovering addict | | | | | |
| Alcohol: | <input type="checkbox"/> Never Drank <input type="checkbox"/> Rarely Drink <input type="checkbox"/> Daily drinker <input type="checkbox"/> Weekend drinker <input type="checkbox"/> Recovering Alcoholic | | | | | |
| Smoking: | <input type="checkbox"/> Never Smoked <input type="checkbox"/> Used to Smoke <input type="checkbox"/> Smoke Sometimes <input type="checkbox"/> Smoke Every Day | | | | | |

**** Please bring your immunization records to office visit, thank you ****