NEW PATIENT INFO – EXAMPLE of how to fill out bubble - ● Yes O No
Please Bubble in any that apply to you. You either have it currently or have had one in the past.

MEDICAL PROBLEMS: O Anemia O Asthma O Arthritis O Cancer O Diabetes
O High Blood Pressure O Heart Problems O Stroke O Thyroid Disorder
O Bleeding Disorder O HIV O Mental Illness O Asthma
O Lung Disease O GERD / Ulcer O Liver Disease Other: _____

Social History

Tobacco Use: O Never O Currently O Quit, When? _____
Alcohol Use: O Never O Yes O Socially O Recovering
Recreational drug use: O Never O Yes, What type? _____
Caffeine Intake: O Never O Coffee O Tea O Soda / Pop O Energy Drinks O OTC Pills
Exercise Regularly: O Yes O No
Marital Status: O Single O Married O Divorced O Separated O Widowed O Dating

Family History

FATHER: O Cancer O Diabetes O Hypertension O Heart Disease
O Kidney Disease O Neurological Disorders O Mental Disorders

MOTHER: O Cancer O Diabetes O Hypertension O Heart Disease
O Kidney Disease O Neurological Disorders O Mental Disorders

SIBLINGS: O Cancer O Diabetes O Hypertension O Heart Disease
O Kidney Disease O Neurological Disorders O Mental Disorders

CHILDREN: O Cancer O Diabetes O Hypertension O Heart Disease
O Kidney Disease O Neurological Disorders O Mental Disorders

MISC: O Cancer O Diabetes O Hypertension O Heart Disease
O Kidney Disease O Neurological Disorders O Mental Disorders

Any other problems/history not seen above that you feel the provider should know to update your medical record, please write below:

_____

_____

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