

Adult Medical History

Date of Member: Name of Member Date of Birth: Gender: M F				COM	IPLETE	D BY	MEMBER	}					
Member Street Address: Sureet	Date:	ate:					MRN#:						
Member Street Address: Occupation:											Gender: M F		
Street				First Name		M.I.							
Employer's Name:	Street Apt # City State Zip Code												
Employer's Address:													
Siete Soide Siete City State Zip Code	Employer's Name: Home Phone Number: Work Phone Number:												
Marrital Status: Single Married Divorced Separated Widow / Windower													
PAST ILLNESSES: Please check ALL that apply. Allergies													
Allergies													
PAST SURGERIES: PAST HOSPITALIZATIONS: YEAR PROCEDURES YEAR DIAGNOSIS WHICH HOSPITAL Heart High Blood Disease Pressure Pastroke Cause of Death Death Pressure Peather Mother Brothers/Sisters Grandparents SOCIAL HISTORY Tobacco: None Drinks/week: Type of drink: Daily Exercise: None Low Moderate High Aerobic Activity Weight Training Seat Belt Use: Flu Vaccine: IMMUNIZATIONS (Most Recent) Flu Vaccine:	Allergies Diabetes High Blood Pressure Mental Illness Other: Anemia High Cholesterol Injury / Fracture Siezures Arthritis Heart Problems Kidney Disease Skin Problems Cancer Hepatitis Lung Problems Ulcer Diseases Explanation: Current Medications & Dosage:												
YEAR PROCEDURES YEAR DIAGNOSIS WHICH HOSPITAL FAMILY HISTORY: Alcoholism Asthma Cancer (Type) Depression Diabetes Heart Disease High Blood Pressure Stroke Death Age at Death Father	Medication Allergie												
FAMILY HISTORY: Alcoholism Asthma Cancer (Type) Depression Diabetes Heart Disease Pressure Father Mother	V=45					·			HOSPITALIZ				
Father	YEAR	PRO	OCEDURES			YEAR	DIA	GNOSIS		WHIC	HHOSPITAL		
Father													
Father													
Father								ı					
Mother □ □ □ □ Brothers/Sisters □ □ □ □ Grandparents □ □ □ □ □ SOCIAL HISTORY Tobacco: None Chew Tobacco Cigarettes # cigarettes/day Cigar Quit Date: □	FAMILY HISTORY:	Alcoholism	Asthma		Depres	sion	Diabetes			Stroke		Age at Death	
Brothers/Sisters	Father												
SOCIAL HISTORY Tobacco: None Chew Tobacco Cigarettes # cigarettes/day Cigar Quit Date: Alcohol: None Drinks/week: Type of drink: Other drug use: (cocaine, marijuana, etc.) Daily Exercise: None Low Moderate High → Aerobic Activity Weight Training Seat Belt Use: Yes No Child Safety Restraints (car seats) used for child < 40lbs or types of age. IMMUNIZATIONS (Most Recent) Tetanus: Hepatitis B: Pneumovax: Flu Vaccine:	Mother												
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Tetanus: Hepatitis B: Pneumovax: Flu Vaccine:	Seat Belt Use:	J Yes □ No	o ∐ Cr	nild Safety Restrai	ints (car s	eats) u	ised for child	d < 40lbs or	types of age.				
				IMMUN	IZATIO	NS (I	Most Rece	ent)					
SCREENING EXAMS (Most Recent)	Tetanus:	Нер	atitis B:		Pne	eumov	ax:		Flu Vacci	ne:			
<u> </u>				SCREENI	ING EX	AMS ((Most Red	ent)					
Pap smear: Mammogram: Cholesterol: Sigmoid/Colonoscopy:	Pap smear: Mammogram: C						holesterol: Sigmoid/Colonoscopy:						
Clinician's Signature: Member's Signature:													
$ \mathbf{X} $						X							