

Pisgah Family Health, P.A.

Patient Last Name _____ First _____ MI _____
Address _____
City _____ ST _____ Zip _____ - _____
Date of Birth ____/____/____ SSN _____ - _____ - _____
Marital Status: Married Single Widow Divorced
Home Phone _____ Cell Phone _____
Email _____

Emergency Contact Name _____ Phone _____

Employer Name _____ Phone _____
Occupation _____

Pharmacy _____ Location _____

Medications Currently Used None

(Please include over-the-counter and herbal medications)

Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____
Drug Name _____	Dose _____	Frequency _____

Allergies None

(Include foods, insects, and over-the-counter medications)

Drug _____	Reaction _____	Drug _____	Reaction _____
Drug _____	Reaction _____	Drug _____	Reaction _____
Drug _____	Reaction _____	Drug _____	Reaction _____
Drug _____	Reaction _____	Drug _____	Reaction _____

Past Medical History

Cardiovascular None

- Abnormal Heart Rhythm
- Carotid Artery Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Deep Vein Thrombosis
- High Cholesterol
- Hypertension
- Heart Attack
- Peripheral Vascular Disease
- Heart Valve Disease
- Other _____

Pulmonary None

- Asthma
- Bronchitis
- COPD
- Pneumonia
- Pulmonary Embolism
- Pulmonary Hypertension
- Sarcoidosis
- Sleep Apnea
- Tobacco Use
- TB
- Other _____

Gastrointestinal None

- Gall Stones
- Cirrhosis
- Colon Polyps
- Crohn's Disease
- Heartburn / GERD
- Hepatitis
- Irritable Bowel Syndrome
- Pancreatitis
- Peptic Ulcer Disease
- Ulcerative Colitis
- Other _____

Endocrine None

- Diabetes
- Hyperthyroidism
- Hypothyroidism
- Menopause
- Other _____

Renal None

- Renal Failure
- Benign Prostatic Hypertrophy
- Endometriosis
- Erectile Dysfunction
- Glomerulonephritis
- Infertility
- Polycystic Kidney Disease
- Kidney Stones
- Urinary Incontinance
- Frequent Bladder Infections
- Other _____

Musculoskeletal None

- Chronic Pain
 - Back
 - Other _____
- Fibromyalgia
- Fractures _____
- Gout
- Lupus
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Other _____

Neurological None

- Alzheimer's Disease
- ADD/ADHD
- Autism
- Cerebral Palsy
- Stroke
- Dementia
- Degenerative Disc Disease
- Headaches
- Meningitis
- Mental Retardation
- Multiple Sclerosis
- Parkinson's Disease
- Peripheral Neuropathy
- Seizures
- TIAs
- Other _____

Hematologic None

- B-12 Defeciency
- Iron Deficiency
- Anemia
- Clotting Disorder
- Other _____

Allergy/Immune None

- Allergies
- Chicken Pox
- Eczema
- Immune Deficiency
- Ear Infections
- Psoriasis
- Sinusitis
- Other _____

Cancers None

- Breast
- Colon
- Leukemia/Lymphoma
- Lung
- Melanoma
- Prostate
- Skin _____
- Thyroid
- Other _____

Psychiatric None

- Anxiety
- Anorexia / Bulimia
- Bipolar Disorder
- Depression
- Obsessive Compulsive
- Panic Attacks
- Schizophrenia
- Other _____

Other

- Cataract
- Glaucoma
- Over Weight
- Other _____

Pregnancy/Gynecological History

Pregnancies # _____ Age Periods Started _____ Current Birth control _____ Pregnancies Problems
Children # _____ Age at Menopause _____ Hysterectomy Menstrual Problems
Abortions # _____ Last Pap Smear _____ Ovaries Removed Abnormal Pap Smears
Miscarriages # _____ Last Mammogram _____ Breast Surgeries Abnormal Mammograms

Do You See Any Specialists? No Yes (indicate below)

Dr. _____ Specialty/Group: _____ for _____
Dr. _____ Specialty/Group: _____ for _____
Dr. _____ Specialty/Group: _____ for _____

Surgical History None

Organ Removal

- Appendix
- Gall Bladder
- Colon
- Lung
- Parathyroid
- Prostate
- Sinus
- Small Bowel
- Spleen
- Thyroid
- Tonsils
- Uterus
- Other _____

Other Surgeries

- Abortion
- Aortic Aneurysm
- Arthroscopy
- Biopsy:
- Coronary Artery Bypass
- Cardiac Valve
- Carotid Endarterectomy
- Cataract Removal
- Coronary Artery Stent
- C-Section
- Dilation & Curettage
- Fracture repair
- Hernia Repair
- Hysterectomy

- Ovaries Removed
- Joint replacement
- Laminectomy
- Laparotomy (exploratory)
- Nissen Fundoplasty
- Pacemaker
- Coronary Angioplasty
- Tubal Ligation
- TURP
- Vasectomy

- Other _____
- Other _____

Other Procedures

- Circumcision
- Lasik
- Lumbar Puncture
- RK
- Bone Marrow Biopsy
- Liver Biopsy
- Prostate Biopsy
- Renal Biopsy
- Skin Biopsy
- Vasectomy
- Other _____
- Other _____

Family History

Relation	Medical Problems	Age at Death	Cause of Death
Father			
Mother			
Brothers #			
Sisters #			
Sons #			
Daughters #			
Paternal GF			
Paternal GM			
Maternal GF			
Maternal GM			
Others:			

Social History - Adult

Occupation _____

Hours Worked _____

- Shift Work
- Retired
- Disabled

Marital Status

- Single
- Married
- Divorced
- Widowed

Age of Children _____

Who you live with _____

Exercise

(Type) _____

- Daily
- Rarely
- Never

Tobacco:

- Never
- Now
- Quit: _____

Type Used:

- Cigarettes
- Cigar / Pipe
- Smokeless

Amount _____

For how long _____

Alcohol:

- Never
- Now
- Quit: _____
- Alcoholism

Number of drinks _____

How often?

- Daily
- Weekly
- Social
- Rare
- Occasional Binge

Hobbies _____

Sleep _____ hours/day

Caffeine: _____ drinks/day

Diet: _____

Supplements: _____

Illicit Drugs:
