

Please don't rush. Provide as much information as possible. This 2-page form helps us provide you with optimal care. Thank you for your patience and attention to detail in completing both pages.

Patient Information

Patient name _____ Date _____

Date of birth _____

What first name do you go by? _____

Occupation (past or present) _____ Retired? Yes No

Marital Status Single Married Divorced Separated Widowed (____ years)

Number of children _____ Education (maximum achieved) _____

Hobbies _____

Religious preference _____ Race _____

What is your height? _____ What is your desired weight? _____

Personal and Family History

Please check appropriate boxes and add details where appropriate.

Condition	Yourself	Father	Mother	Sibling	Details
Heart disease					
Diabetes					
Hypertension					
Thyroid disease					
High cholesterol					
Stroke					
Cancer					
Kidney disease					
Lung disease					
Depression					
Drug or alcohol abuse					

Other conditions not listed _____

Past Surgical History

Please check all that apply and add the approximate year of the procedure. Add other surgery not listed.

Cataract _____ Hernia _____ Hysterectomy _____ Heart Bypass _____

Tonsillectomy _____ Joint _____ Ovaries removed _____ Carotid artery _____

Appendectomy _____ Skin Cancer _____ Cosmetic _____ Vein _____

Gallbladder _____ Prostate _____ Other _____

List all other Professionals you see (Specialists, Dentist, Eye care, Chiropractor, etc.) _____

Allergies/ Medications

Drug allergies (list reaction)? _____ . None

Drug intolerance (list reaction)? _____ . None

Prescription medications: *include dosage and frequency taken (twice a day, etc.).* If needed, list on a separate sheet. _____

Over-the-counter medications (*please list everything, including the dosage*) _____

Social History

Do you use any nicotine? Now Never Past
 Smokers — how many packs per day _____? Starting what year _____?
 Past smokers — how many packs per day _____? For how many years _____? What year did you quit _____?

Alcohol use? None Less than 7 drinks a week 7-14 drinks a week More than 14 a week

Recreational drug use? Yes No Prefer to discuss.

Yearly dental exam? Yes No | Yearly Eye exam? Yes No

Do you use a hand held cell phone to talk or text while driving (*significantly higher accident rate*)?
 Yes No

Exercise regularly (3+ per week)? Yes No Are you at a healthy weight? Yes No

Is your nutrition balanced? Yes No

If you are sexually active, do you have sex with men, women or both? Men Women Both
 Prefer to discuss

Who do currently live with? Spouse Family Friend(s) Significant other Alone

Do you have pets? Yes No Do you feel safe at home? Yes No Discuss
(If you are being abused, please know that we can help you and provide resources/support.)

Immunizations, as recommended by the Center for Disease Control and Prevention

	Yes	No	Year
Tetanus/Diphtheria/Pertussis within 10 years			
Pneumonia vaccine (PPSV23 at age 19-64 for smokers, Asthma, COPD and everyone 65+ yrs old)			
Pneumococcal Conjugate Vaccine (PCV13, in 20+ yrs old immunocompromised and everyone 65+ yrs old)			
Zostavax ("Shingles vaccine", for everyone at 60+ years of age)			
Gardasil (Girls aged 11-26, Boys aged 11-21)			
Hepatitis A series (2 shots)			
Hepatitis B series (3 shots)?			

Health Maintenance/ Prevention

Most health plans recommend, and pay for, a Preventive Care Visit to preserve health and screen for preventable disease. (This exam is for prevention only. A different appointment is advised to address problems requiring further evaluation and management.)

Approximately what year did you last have a Preventive Care Visit? _____

Woman: Approximate date of last PAP _____ Normal Abnormal
 Approximate date of last Mammogram _____ Normal Abnormal

I would like to schedule a PAP with ____Dr. Bowles ____ Shelby Augustin, APRN

Everyone over age 50: Have you had screening for colon cancer? Yes No
 If "yes", what year _____ and with which test? Colonoscopy (best) Flexible sigmoidoscopy
 Stool test for hidden blood Other _____

The United States Preventive Services Task Force recommends against routine screening for prostate cancer in men without symptoms.