

## WCMG Medical History

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_ Primary Language \_\_\_\_\_

Do you have an advanced health care directive? Yes/No

What health concerns do you have for today's visit?

\_\_\_\_\_

### Past Medical History

If you have ever been hospitalized, please specify dates and reason

\_\_\_\_\_

Past Surgeries

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Drug allergies (include reaction)

\_\_\_\_\_

Food allergies

\_\_\_\_\_

Name any other physician(s) you are currently seeing \_\_\_\_\_

Are you currently seeing a therapist? \_\_\_\_\_

### Health care maintenance

### Normal?

Date of last physical exam \_\_\_\_\_

Date of last bloodwork \_\_\_\_\_

Date of last Pap smear \_\_\_\_\_

Date of last mammogram \_\_\_\_\_

Date of last colonoscopy \_\_\_\_\_ Polyps? \_\_\_\_\_

Date of last DEXA \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Do you exercise on a regular basis? If so, what type/duration/frequency? \_\_\_\_\_

### Social History

Employment \_\_\_\_\_ Profession \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse/Partner \_\_\_\_\_ Sexual Orientation \_\_\_\_\_

Children – name/gender/age \_\_\_\_\_

Who currently lives at home with you? \_\_\_\_\_ Hobbies \_\_\_\_\_

Diet \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Smoking (type/amount) \_\_\_\_\_ for how many years? \_\_\_\_\_

Alcohol (type/amount) \_\_\_\_\_ Do you have a history of alcohol abuse? Yes/No

Do you use recreational drugs? Yes/No Do you wear a seat belt? Yes/No

Name \_\_\_\_\_

### Family History

	Mother	Father	Sister	Brother	Maternal GM	Maternal GF	Paternal GM	Paternal GF
Attention deficit								
Alcoholism								
Alzheimer's								
Asthma								
Blood disease								
Heart Attack/CAD								
Cancer (specify type)								
Stroke								
Depression								
Diabetes								
Hearing deficiency								
High cholesterol								
High Blood pressure								
Mental illness								
Migraines								
Obesity								
Osteoporosis								
Peripheral Vascular disease								
Kidney Disease								
Seizures								
Other								