

Horizon Family Medical Group

Medical History

Name _____

Date _____

Please list information in the spaces provided. Information is confidential and will not be released without your permission.

Medical Illnesses /Date (Example: Diabetes 1995)

Current Medications (Example: glyburide 5 mg once a day)

Medication Name	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Operations / Procedures/ Hospitalizations / Dates

(Example: Tonsillectomy 1965, Pneumonia at Community Hosp 10/02)

Indicate date last performed and if abnormal:

Pap _____

Mammogram _____

Colonoscopy _____

Stress test _____

Allergies (please indicate type of reaction)

Immunizations

Flu	Hepatitis
Pneumonia	Tetanus
MMR	Polio
Other _____	

Personal- Social History (Please circle where appropriate)

Marital Status _____

Occupation _____

Hobbies / Interests _____

Hazardous material exposure _____

Smoking History

Never smoked / Past smoker / Present smoker

How many packs per day? _____

How many years? _____

Date stopped _____

Alcohol Use (Please circle)

Never to rarely /Light / Moderate / Heavy

Usual type of alcohol consumed _____

How much and how often? _____

Substance Abuse Y N _____

Caffeine Y N Cups per day _____

Exercise Y N _____

Type and frequency _____

Family History (indicate blood relative who is affected)

Allergies _____

Arthritis / Gout _____

Asthma _____

Cancer _____

Diabetes _____

Emphysema _____

Gallbladder Disease _____

Glaucoma _____

Heart Disease _____

High Blood Pressure _____

High Cholesterol _____

Kidney Disease _____

Mental Illness _____

Migraine _____

Seizures _____

Stroke _____

TB _____

Thyroid Disease _____

Other _____

Clinician's initial and date

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