GENERAL PRACTICE ASSOCIATES, P.A.
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Patient Name_____

D.O.B_____

Children's Names and Ages:_____

Past Medical History: Please fill in the bubble for all that apply

O arthritis	O gout	O asthma	O depression
O vertigo	O heart murmur	O hay fever	O bowel disorders
O rheumatic fever	O anxiety	O anemia	O allergies
O peripheral vascular disease		O bronchitis, chronic	O gastric ulcer
O shortness of breath		O venereal disease	
O gallbladder disease	O headache	O chest pain	O frequent infections
O chronic rashes	O hepatitis	O pneumonia	O ulcer
O GI disorder	O sexual/menstrual dysfunction		O prostate disease

Social History

How many cups of coffee do you drink per day?

O None O 2-3 O 3-4 O more than 4

How often do you exercise?

O Never O Occasionally O Routine

Do you use recreational drugs?

O Yes O No

How many alcoholic drinks do you have per day?

O 0-2 O 3-6 O 7-10 O 11 or more

Do you smoke?

O Yes O No If yes how many packs per day:_____

Current Medications: (Please include over the counter medications, dose and frequency)

_____

_____

_____

Drug Allergies:_____

Hospitalization or Surgery:

Procedure: Reason: Date:

_____

_____

_____

Family History

Has your ***Mother*** ever suffered from: Fill in all that apply

O Heart Disease O High Blood Pressure O Stroke O Cancer O Glaucoma

O Diabetes O Epilepsy/Convulsions O Bleeding Disorder O Kidney Disease

O Thyroid Disease O Mental Illness

Has your ***Father*** ever suffered from:

O Heart Disease O High Blood Pressure O Stroke O Cancer O Glaucoma

O Diabetes O Epilepsy/Convulsions O Bleeding Disorder O Kidney Disease

O Thyroid Disease O Mental Illness

Have your ***Siblings*** ever suffered from:

O Heart Disease O High Blood Pressure O Stroke O Cancer O Glaucoma

O Diabetes O Epilepsy/Convulsions O Bleeding Disorder O Kidney Disease

O Thyroid Disease O Mental Illness

Have your ***Children*** ever suffered from:

O Heart Disease O High Blood Pressure O Stroke O Cancer O Glaucoma

O Diabetes O Epilepsy/Convulsions O Bleeding Disorder O Kidney Disease

O Thyroid Disease O Mental Illness

Have your **Grand Parents** ever suffered from:

O Heart Disease O High Blood Pressure O Stroke O Cancer O Glaucoma

O Diabetes O Epilepsy/Convulsions O Bleeding Disorder O Kidney Disease

O Thyroid Disease O Mental Illness