|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Reason for visit:** | **Occupation:** |
| **Marital Status (circle):**  Married /Single/Widowed /Divorced /Separated  **Any religious or cultural preferences you would like us to know**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Alcohol Use:** Y/N how much/day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Caffeine Use**: Y/N how much/day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Recreational Drug Use (drug/how often)**: Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Drug Allergies:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Food Allergies:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sexual Orientation (circle):** Heterosexual/Homosexual/Bisexual Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Exercise:** None OR Exercise type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_days/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/day  **Diet Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Current Health Status (circle):** Excellent/Good/Fair/Poor |
| **Surgical History:**   |  | | --- | |  | |  | |  | |  | |  | |  | |  |   **Family History: Please Note Condition /Relation**   |  | | --- | | Cancer (type): | | Diabetes: | | Heart Disease: | | Hypertension: | | Other: | |  | |  | | **Current Complaints/Reason to be seen** | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | **Past Medical History:**   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  |   **Current Medications Prescribed and OTC to include vitamins, herb, supplements:**   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

Preferred Pharmacy: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_