

Medical History:

What is the reason for your visit today?

Have you seen another physician for this problem?

How long have you had the problem?

What makes it better or worse?

What treatment have you had prescribed?

What have you used?

Where is the problem located?

Medical History

Please list all medical diagnosis:

Please list all hospitalizations and dates:

Please list all surgeries and dates:

Allergies:

Medications:

Non medications:

Family History

List all disease in your Mother, Father, Grandparents, Aunts and Uncles:

Social history

Do you smoke? How many packs per wee?

Do you vape? How many times per week?"

Do you drink Alcohol? And How much per week>

Do you do any drugs? How often?

Job t Duties or grade in school?