Express Care+

An affiliate of Newman Regional Health

Patient History – Adult

Patient Name: _____ **Today's Date** _____

Primary Language Spoken in Home _____ **Date of Birth** _____

Current Medications: _____ **Current Allergies:** _____

_____ _____

_____ _____

Pharmacy: _____ Primary Care Physician: _____

Personal Medical History:

❑ None	❑ Cancer; type:	❑ GERD	❑ Myocardial Infarction
❑ Allergies	❑ CVA (stroke) _____	❑ Hepatitis C	❑ Osteoporosis
❑ Angina	❑ COPD	❑ High Cholesterol	❑ Peptic Ulcer Disease
❑ Arthritis	❑ Coronary Artery Disease	❑ High Blood Pressure	❑ Renal Disease
❑ Asthma	❑ Crohn's Disease	❑ Liver Disease	❑ Seizure Disorder
❑ Atrial Fibrillation	❑ Depression	❑ Migraine Headaches	❑ Thyroid Disorder
❑ Blood Clots	❑ Diabetes	❑ Other _____	

Past Surgical History:

	Year:		Year:		Year:
❑ None	_____	❑ Carpel Tunnel: L or R	_____	❑ Pacemaker	_____
❑ Angioplasty	_____	❑ Cataract Extraction	_____	❑ Thyroidectomy	_____
❑ Angio with Stent	_____	❑ Gallbladder Removed	_____	❑ Tonsillectomy	_____
❑ Appendectomy	_____	❑ Colostomy	_____	**FEMALES ONLY**	_____
❑ Arthroscopy knee: L or R	_____	❑ Hernia Repair	_____	❑ Hysterectomy	_____
❑ Back Surgery	_____	OTHER: _____	_____	OTHER: _____	_____
❑ CABG	_____				_____

Family History: circle M – mother; F – father

❑ Deceased	**M**	**F**	❑ CVA (stroke)	**M**	**F**	❑ Mental Illness	**M**	**F**
❑ Alcoholism	**M**	**F**	❑ Depression	**M**	**F**	❑ Migraine Headaches	**M**	**F**
❑ Allergies	**M**	**F**	❑ Diabetes	**M**	**F**	❑ Renal Disease	**M**	**F**
❑ Alzheimer's Disease	**M**	**F**	❑ Eczema	**M**	**F**	❑ Seizure Disorder	**M**	**F**
❑ Asthma	**M**	**F**	❑ High Cholesterol	**M**	**F**	❑ Other: _____	**M**	**F**
❑ Coronary Artery Disease	**M**	**F**	❑ High Blood Pressure	**M**	**F**	❑ Other: _____	**M**	**F**
❑ Cancer; type: _____	**M**	**F**						

Tobacco Use:

❑ Never ❑ Currently

If yes, what type? _____

How often? _____

Year started: _____ ❑ Former use, Year quit: _____