NEWMAN REGIONAL HEALTH EXPRESS CARE

Adult Patient History

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Current Medications: _____

_____

_____

Current Allergies: _____

Preferred Pharmacy: _____ Primary Care Provider: _____

Personal Medical History:

- ☐ None
- ☐ Allergies
- ☐ Angina
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ Blood Clots
- ☐ Cancer; type: _____
- ☐ COPD/Emphysema
- ☐ Crohn's Disease
- ☐ CVA (stroke)
- ☐ Depression
- ☐ Diabetes
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heartburn/Reflux
- ☐ Hepatitis C
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Migraine Headaches
- ☐ Osteoporosis
- ☐ Peptic Ulcer Disease
- ☐ Seizure Disorder
- ☐ Thyroid Disorder
- ☐ Other: _____

Past Surgical History:

	Year:		Year:
☐ None	_____	☐ Hernia Repair	_____
☐ Appendectomy	_____	☐ Pacemaker/Heart Device	_____
☐ Arthroscopy knee: Lt or Rt	_____	☐ Thyroid Removed	_____
☐ Back Surgery	_____	☐ Tonsils Removed	_____
☐ Carpal Tunnel: Lt or Rt	_____	☐ Other: _____	_____
☐ Cataract Removed	_____		
☐ Colon Surgery	_____	**FEMALES ONLY**	
☐ Gallbladder Removed	_____	☐ Hysterectomy (Uterus Removed)	_____
☐ Heart Surgery; type:_____	_____	☐ Other: _____	_____

Family History: circle M – mother; F – father

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

Tobacco Use:

☐ Never ☐ Currently ☐ Former Use; Year Quit:_____

If yes, what type: _____How often: _____Year started:_____