

FAMILY MEDICINE ASSOCIATES OF TEXAS, P.A.

4333 North Josey Lane, Suite 302
Carrollton, Texas 75010
972-394-8844 (ph)
972-492-9248 (fax)

6300 W. Parker Road, Suite G-20
Plano, Texas 75093
972-981-8181 (ph)
972-981-8191 (fax)

NEW PATIENT MEDICAL HISTORY FORM

Today's Date: _____

NAME: _____ DOB: _____ Age: _____

Preferred Phone #: _____

PAST MEDICAL HISTORY

CURRENT MEDICATIONS AND DOSAGES:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

WHAT MEDICATIONS ARE YOU ALLERGIC TO AND WHAT KIND OF REACTION DID YOU HAVE?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

DO YOU TAKE HERBS OR SUPPLEMENTS? Yes No

Which ones? _____

LIST ALL DISEASES YOU HAVE OR HAVE HAD IN THE PAST:

- High Blood Pressure Elevated Cholesterol Cancer Diabetes
 Thyroid Disease Other chronic illnesses
 Others _____

HOSPITAL ADMISSIONS / SURGERIES / PROCEDURES / BIOPSIES

(please include year):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

FAMILY HISTORY

FATHER:

MOTHER:

Living – Illnesses _____
 Deceased - Age at Death _____
Cause of Death _____

Living – Illnesses _____
 Deceased - Age at Death _____
Cause of Death _____

HAS ANY PARENT, BROTHER OR SISTER HAD (which relative?):

- Colon Cancer
- Breast Cancer
- Ovarian Cancer
- Thyroid Cancer
- Prostate Cancer
- Heart Disease (before age 55 if male or age 65 if female)
- Colon Polyps
- Osteoporosis (bone thinning)
- Melanoma
- Stroke
- Diabetes
- Bleeding Disorders
- Glaucoma
- Kidney Disease
- Arthritis
- Alcoholism
- Depression

SOCIAL HISTORY

OCCUPATION: _____

Married Single Divorced Widowed

of children: _____

Alcohol _____ drinks per week.

Coffee/Tea _____ cups per day

Caffeinated Sodas _____ per day

Cigarettes _____ packs per day for _____ yrs. **Quit** (when?) _____

Snuff _____ per day for _____ yrs.

Chewing Tobacco _____ per day for _____ yrs.