Family Medical Center
OF HART COUNTY

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# New Patient Adult History Form

Name: ____________________________________________ DOB: _________________ Sex: _________

Address: ______________________________________________________ Phone: ___________________

Employer/Military Service: _________________________________________________________________

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed # of Children: _______________

## Allergies

☐ Allergy Injections Allergist Name: _______________________________________________________
☐ Food Allergy
☐ Seasonal Allergies
☐ Year Round Allergies
☐ Latex Allergy
☐ Any Other Known Allergies _______________________________________________________________

Has the patient ever had an allergic reaction to:
☐ Medication ☐ Yes ☐ No **If yes**: ______________________________________________________
☐ Injection ☐ Yes ☐ No **If yes**: ______________________________________________________

## Tobacco/Caffeine/Alcohol History

**(Check all that apply)**

☐ Tobacco Use ☐ Yes ☐ No
**If yes**: ☐ Current **Used for how long:** ________________ ☐ Past **Last used**: _________________
Tobacco type used: ☐ Cigarettes **# packs per day** _______ ☐ Cigar/Pipe ☐ Smokeless Tobacco
☐ Alcohol Use ☐ Yes ☐ No
☐ Consume Daily **Amount Consumed** ________________
☐ Consume Weekly **Amount Consumed** ________________
☐ Consume Monthly **Amount Consumed** ________________
☐ Caffeine Use ☐ Yes ☐ No **(Caffeine is found in soda, coffee, tea)**
☐ Consume Daily **Amount Consumed** ________________
☐ Consume Weekly **Amount Consumed** ________________
☐ Consume Monthly **Amount Consumed** ________________
☐ Drug Use ☐ Yes ☐ No **If yes, list drug(s) used below:**
**Drug(s):** _________________________________________________________________________

## Hospital/Surgery History

**(List any hospital admissions or surgeries)**

| Admission/Surgery Type: | When: | Where: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Current Problems

**(Check all that apply)**

- ☐ Heart Attack
- ☐ Enlarge Heart
- ☐ Pneumonia
- ☐ COPD/Emphysema
- ☐ Stomach Ulcer
- ☐ Lupus
- ☐ Seizures
- ☐ Sickle Cell Trait
- ☐ Kidney Failure/Disease
- ☐ BPH (Prostate Hypertrophy)
- ☐ Glaucoma
- ☐ Bipolar
- ☐ Schizophrenia
- ☐ Hives
- ☐ Liver Disease
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Tuberculosis
- ☐ Pleurisy
- ☐ Gallstones
- ☐ Diabetes
- ☐ Parkinson's Disease
- ☐ Alzheimer's
- ☐ Kidney Stone or Infection
- ☐ Psoriasis
- ☐ Cataract
- ☐ OCD
- ☐ ADHD
- ☐ Eczema
- ☐ Rheumatic Fever
- ☐ Heart Murmur
- ☐ Stroke/TIA
- ☐ Asthma
- ☐ Thyroid Disease
- ☐ Multiple Sclerosis
- ☐ Mental Retardation
- ☐ Migraines
- ☐ Obesity
- ☐ Phlebitis
- ☐ HIV/AIDS
- ☐ Depression
- ☐ PTSD
- ☐ Hay Fever
- ☐ Fibromyalgia
- ☐ Cancer **Type:** ____________________
- ☐ STD **Type:** ____________________

## Current Medications

**(List ALL medications you are currently taking below)**

| Medication Name | Dosage | Directions |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

## Family History

Father: ☐ Living ☐ Deceased **If deceased, cause of death:** ________________________________________
Mother: ☐ Living ☐ Deceased **If deceased, cause of death:** ________________________________________
Brothers: # Living _____ # Deceased _____
**If deceased, cause of death:** ____________________________________________________________
Sisters: # Living _____ # Deceased _____
**If deceased, cause of death:** ____________________________________________________________

**(Check all answers and family members that apply)**

**(F=Father; M=Mother; B=Brother; S=Sister; MGF=Maternal Grandfather; MGM=Maternal Grandmother; PGF=Paternal Grandfather; PGM=Paternal Grandmother)**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ Heart Attack | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Heart Disease | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ High Blood Pressure | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ COPD/Emphysema | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Asthma | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Diabetes | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Kidney Disease/Failure | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Kidney Stone | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ BPH (Prostate Hypertrophy) | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ TIA/Stroke | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Thyroid Disease | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Seizures | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Parkinson’s Disease | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Migraines | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ ADHD | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Alzheimer’s | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Obesity | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Cataract | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Glaucoma | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Mental Retardation | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Depression | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Anxiety | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Bipolar | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ OCD | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ PTSD | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Schizophrenia | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Alcohol Abuse | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Eczema | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Psoriasis | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ HIV/AIDS | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Lupus | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Fibromyalgia | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Multiple Sclerosis | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Sickle Cell Trait | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |
| ☐ Cancer | ☐ F | ☐ M | ☐ B | ☐ S | ☐ MGF | ☐ MGM | ☐ PGF | ☐ PGM |

**Type of cancer:** ____________________________________________________________________

☐ Other Diseases ______________________________________________________________________