PROVIDENCE
Medical Group

ADULT HEALTH HISTORY

Today's Date: _____

Name _____

Birthdate _____ Age _____

Occupation _____

Marital status _____

Number of people in your household _____

Highest level of education _____

Previous doctor _____

Current Problems - Reason for today's visit:

Past Surgeries / Hospitalizations / Major or Chronic Illnesses (give year):

Y	N	Have you had:	When/how long
☐	☐	Appendix out	
☐	☐	Gallbladder out	
☐	☐	Hysterectomy	
☐	☐	Heart Attack	
☐	☐	Diabetes	
☐	☐	High blood pressure	
☐	☐	High cholesterol	
☐	☐	Rheumatic fever	
☐	☐	Tuberculosis	
☐	☐	Blood transfusion	

Medicines (list all medications you are taking, include aspirin, vitamins, etc.)

Drug Allergies:

Drug	Reaction

Family History	Age if living	Age at Death	Present Condition or Cause of Death
FATHER			
MOTHER			
BROTHERS			
NUMBER: _____			
SISTERS			
NUMBER: _____			
CHILDREN			
BOYS: _____			
GIRLS: _____			

Check if any relatives have had		Relationship
Diabetes	☐	
High blood pressure	☐	
Heart attack/surgery	☐	
Stroke	☐	
Very high cholesterol	☐	
Osteoporosis	☐	
Breast or colon cancer	☐	
Prostate cancer	☐	
Other cancer	☐	
Thryoid problem	☐	
Mental illness/alcoholism	☐	
Depression/suicide	☐	

HABITS:

Smoking ☐ Current ☐ Past (yr quit__)
Number of years _____
Packs per day _____

Alcohol ☐ Current ☐ Past
Number of drinks per week _____
Have you ever had an alcohol problem? ☐ Yes ☐ No

Street Drugs ☐ Current ☐ Past
Type _____

Coffee/Tea _____ cups per day

Exercise (check one)
☐ None or rare
☐ Moderate
☐ Occasional/light
☐ Regular/vigorous

Weight Current weight _____
Usual weight _____
Weight change in last year _____

Seatbelts
☐ Never ☐ Sometimes ☐ Always

Preventive Care: When was your last…

Physical exam _____
Eye exam _____
Dental exam _____
Sigmoidoscopy _____
Flu shot _____
Tetanus shot _____
Pneumonia vaccine _____
Hepatitis vaccine _____

WOMEN ONLY:
Pap test _____ ☐ normal ☐ abnormal
Mammogram _____ ☐ normal ☐ abnormal
Last period _____
Birth control? _____
pregnancies: _____ # births: _____
miscarriages: _____ # abortions: _____