

Patient History Update

NAME

DATE

As part of our effort to comply with current Federal regulations for Electronic Health Records, we need to gather some additional information.

What is the main reason for today's visit? _____

When was your last physical exam (including blood work)? _____

Who is your Primary Care Physician (Name, address, and phone number if possible)

What is your Current _____ Height _____ Weight _____

Occupation: _____ Years _____ Employer _____

Race:

- Asian
- Black
- Caucasian
- Native American
- Other _____
- Refuse to specify

Ethnicity

- Hispanic
- Other _____
- Unknown

What is your preferred language? English Spanish French Italian Russian Portuguese

Do you smoke? No Yes ½ Pack/Day 1 Pack/Day 1+ Pack/Day

Past Smoker? No Yes When did you quit smoking? _____

Current Medications: (if different from last Exam)

<i>Name</i>	<i>Form (ie Pill, Injection, etc.)</i>	<i>Strength</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medicines that cause reactions/sensitivities: _____

Reaction to Medication: _____

Other Allergies: _____