

Date of Service: _____

2685 Dublin Boulevard
Colorado Springs, CO 80918
(719) 592-9890

Medical History Sheet

Name: _____ Date of Birth: _____

Reason for today's visit: _____

Circle the following items that apply to you, your father (F), mother (M), or grandparent (G):

Circle One

Circle One

	Allergies	Self	F / M / G	Kidney disorder	Self	F / M / G
	Asthma	Self	F / M / G	Prostate disorder	Self	F / M / G
	Anemia	Self	F / M / G	Seizures	Self	F / M / G
	Arthritis	Self	F / M / G	Skin Cancer	Self	F / M / G
	Blood disorder	Self	F / M / G	Skin problems	Self	F / M / G
	Cholesterol disorder	Self	F / M / G	Stomach/digestive disorder	Self	F / M / G
	Depression	Self	F / M / G	Stroke	Self	F / M / G
	Diabetes	Self	F / M / G	Thyroid problem	Self	F / M / G
<i>Medical/</i>	Hearing problems	Self	F / M / G	Vision problems	Self	F / M / G
	Heart disease	Self	F / M / G	Cancer (specify type)	Self	F / M / G
<i>Family</i>	Heart murmur	Self	F / M / G	_____	Self	F / M / G
	HIV/Hepatitis	Self	F / M / G	Other: _____	Self	F / M / G
<i>History</i>	Hypertension	Self	F / M / G	_____	Self	F / M / G
	Lung disease	Self	F / M / G	_____	Self	F / M / G

Do you Smoke or use Tobacco? (circle one) Y N
If yes, how often and how much? _____

Do you Exercise? Y N
How Often? _____

Do you consume alcohol? Y N
If yes, how often and how much? _____

Surgical History Please list all surgeries you have undergone:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Medications Are you taking any prescription medications? Yes No (If yes list below)
Medication Name: _____ Dose/Frequency: _____
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Allergies Do you have any drug allergies? Yes No If yes, list below:

For Women Only Are you currently taking Birth Control? Yes No Date of last PAP smear ____/____/____
Number of pregnancies/births ____ / ____ Date of last breast exam ____/____/____

For Men & Women Date of last colonoscopy ____/____/____ Are your immunizations up to date? Yes No
Date of Last bone density ____/____/____ Date of your last Tetanus? ____/____/____