

Today's Date: \_\_\_\_\_

This information helps to establish a data base to aid in your care. Your cooperation is appreciated.

NAME: \_\_\_\_\_ Male \_\_\_\_\_  
 Last First Middle Init. Female Date of Birth

Preferred Name (if any) \_\_\_\_\_

PLEASE CIRCLE THE HIGHEST GRADE LEVEL COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 Married Divorced Widowed  
 Single

OCCUPATION: \_\_\_\_\_

LIST ALL PERSONS WHO LIVE IN YOUR HOUSEHOLD:

Name	Relation	Age

In Case of EMERGENCY notify: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 If child, Name of Parent or Guardian \_\_\_\_\_

OPERATIONS:	What Kind	None	Year
1.			
2.			
3.			
4.			
5.			
6.			

HAVE YOU OR A BLOOD RELATIVE OR SPOUSE HAD:

(Check if Yes and Give Relationship)

	You	Other	Relationship	N/A
Diabetes				
Cancer				
High Blood Pressure				
Heart Trouble				
Elevated Cholesterol and/or Triglycerides				
Anemia				
Asthma, Hay Fever				
Thyroid Problem				
Kidney, Bladder or Urinary Problem				
Seizures/Fits				
Stroke				
Lung Problems				
Stomach or Bowel Problems				
Liver Problem or Hepatitis				
Birth Defects				
Arthritis				
Tuberculosis				
Glaucoma				
Venereal Disease				
Rheumatic Fever				

HOSPITALIZATIONS: Other Than Operations and Childbirth	
Why	Year
1.	
2.	
3.	

ALLERGIES: (Medicines or Others None)

LIST MEDICINES TAKEN ON A REGULAR BASIS, INCLUDING OVER-THE-COUNTER, HERBAL, ETC. None

HABITS:

ALCOHOL – None

Day      Week

Liquor # of drinks per \_\_\_\_\_ or \_\_\_\_\_ for \_\_\_\_\_ yrs

Beer # of drinks per \_\_\_\_\_ or \_\_\_\_\_ for \_\_\_\_\_ yrs

Wine # of drinks per \_\_\_\_\_ or \_\_\_\_\_ for \_\_\_\_\_ yrs

TOBACCO – None

Cigarettes \_\_\_\_\_ packs per day for \_\_\_\_\_ yrs

Cigars, Pipe

Do you have any personal, sexual or emotional questions? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

Other information that may aid in your care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEMALES ONLY:** Number of: \_\_\_\_\_ Children \_\_\_\_\_ Adopted?

Pregnancies \_\_\_\_\_ Deliveries \_\_\_\_\_ Toxemia Yes      No

Miscarriages \_\_\_\_\_ Terminations \_\_\_\_\_