

Medical History

When visiting a doctor, especially for the first time, it is helpful to prepare your medical history in advance. Your healthcare team needs as much information as possible so they can determine the care that is best for you. Your healthcare team may have specific forms for you, but these will help you collect basic information you will need before your appointments.

BASIC INFORMATION

Name: _____

Date of Birth (DOB): _____

Phone Number(s): _____

Address: _____

Social Security Number: _____

Employer: _____

Spouse's Name: _____

Spouse's Phone Number: _____

Emergency Contact: _____

Emergency Contact's Phone Number(s): _____

PRIMARY CARE DOCTOR

Primary Care Doctor: _____

Practice Name: _____

Phone Number (s): _____

Fax Number: _____

Address: _____

INSURANCE INFORMATION

Be sure to take all insurance and prescription cards with you to your appointment.

Insurance Provider: _____

Account Number: _____ Group Number: _____

Policy Holder's Name: _____

Patient's Relation to Insured: _____

Secondary Insurance Provider: _____

Account Number: _____ Group Number: _____

Policy Holder's Name: _____

Patient's Relation to Insured: _____

Policy Holder's Employer: _____

Employer Address: _____

Employer Phone Number: _____

PAST MEDICAL HISTORY

In the past, have you been diagnosed with any of the following? Check all that apply.

Anemia

Arthritis

Asthma

Blood Clots

Cancer

Colitis

Concussions

Depression

Diabetes

Heart Disease

Hepatitis

High Blood Pressure

High Cholesterol

HIV/AIDS

Impaired Mobility

Irritable Bowel Syndrome

Kidney Disease

Liver Disease

Lung Disease

Migraines

Sexually Transmitted Diseases (STDs)

Urinary Tract Infections

Other: _____

List any surgeries, imaging, hospitalizations, or other major procedures you've had in the past.

Procedure	Description/Purpose	Date



FAMILY MEDICAL HISTORY

Has anyone in your family experienced any of the following? If so, who?

	RELATION
Asthma _____	_____
Blood Clots _____	_____
Cancer (List Type) _____	_____
Depression _____	_____
Diabetes _____	_____
Heart Disease _____	_____
High Blood Pressure _____	_____
High Cholesterol _____	_____
Low Blood Pressure _____	_____
Kidney Disease _____	_____
Lung Disease _____	_____
Irritable Bowel Syndrome _____	_____
Liver Disease _____	_____
Colitis _____	_____
AIDS/HIV _____	_____
Other _____	_____
_____	_____

Do you know any other pertinent family medical history?

