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THIS FORM SHOULD BE COMPLETED BY THE PATIENT

If you cannot read, who helped you in completing this form? _____

HISTORY AND PHYSICAL FORM

Name _____ Age _____ Sex _____ Race _____
Address _____ Home Phone _____
Occupation _____ Work Phone _____
Marital Status _____ Number of children _____

CHIEF COMPLAINT: Why are you coming to the doctor today?

PAST MEDICAL HISTORY: Circle: High blood pressure, diabetes mellitus, heart disease, rheumatic fever, stroke, lung disease, ulcerative colitis, Crohn's disease, seizure, tuberculosis, kidney infections, kidney stones, liver disease, ulcer, bowel problems, asthma, allergy, pneumonia, bronchitis, venereal disease, arthritis, thyroid disease, cancer, nervous breakdown, mental problems, mother took Stilbesterol
Other: _____

PAST SURGICAL HISTORY: Circle: Tonsils, appendix, gallbladder, uterus, hernia, vasectomy, bilateral tubal ligation, cataracts. Other: _____

PAST ACCIDENT HISTORY: Circle: Car accident, hunting accident, broken bones, sprains. Other: _____

MEDICATIONS:

Prescription (ordered by physician)

Non-prescription (aspirin, antacids, herbals, Vitamins, etc)

