

Name _____ Date of Birth _____ Today's date _____

all of the following information will be held in strict confidence, as is all of your medical record

FAMILY HISTORY: Please indicate whether there is a history of any of the following illness in your family by putting an X in the box following the illness.

Please explain who in your family had the illness and how they are related to you.

How many brothers do you have?	[]	How many sisters do you have?	[]
alcoholism			
allergic rhinitis			
asthma			
anemia			
bleeding tendencies			
cancer or tumor			
diabetes			
emotional problems			
glaucoma			
heart trouble			
high blood pressure			
high cholesterol			
mental illness			
Obesity			
stroke			
tuberculosis			
other			

How many daughters do you have? sons? please list their names and years of birth:

Deaths - If a close relative (parent, sister, brother) has died, write the cause of death and the age at death in the space provided.	
--	--

Give your age at onset for any of the following illnesses you have now or have had									
	age		age		age		age		age
german measles		mumps		chickenpox		HIV or AIDS		eye disease	tuberculosis
measles		polio		hepatitis		diverticulosis		meningitis	sexually transmitted
mononucleosis		rheumatic fever		thyroid disease		emphysema		liver disease	disease? yes / no
others not listed above									

(OVER)

please give the most recent date you've had the following tests:	for men: PSA	for men: prostate check	for women: Pelvic / PAP	for women: Breast Exam	for women: mammo gram	general exam	do you have a health care proxy?	sigmoidoscopy	colonscopy	cholesterol check
date							yes / no			

Significant accidents & injuries: type at age type at age type at age

Surgeries including cesarean sections - please list with dates

--	--

Hospitalizations - please list with dates. Please include normal deliveries

Have you had any transfusions? yes/no - please list dates

--	--	--	--	--	--	--	--

for women: Have you given birth to a baby weighing more than 9 pounds? yes/no

Have you had any complications of pregnancy? yes / no

of pregnancies

SOCIAL HISTORY: please circle the answer to the following questions (fill in blanks where appropriate)

educational level completed - 8, 9, 10, 11, 12, college, post grad, trade school marital status divorced, married, single, separated, widowed

are you currently working? yes / no retired? yes / no year last worked

type or field of work or study

are you the victim of abuse? If yes is it physical, emotional, sexual tobacco use: cigarettes, cigars, chew packs or number per day

alcohol use: none, rare, occasional, daily drugs: recreational, none, in past, currently caffeine: soda, coffee, tea number of cups per day

do you use sunscreen? yes / no do you use seat belts? yes / no

Sexual history:

have you been sexually active in the past? yes / no

do you use birth control? yes / no what method of birth control do you use? age at first intercourse

number of partners in your lifetime, 0; 1-5; 5-10; >10 gay / heterosexual

Immunizations: please give the date of your most recent immunization	tetanus	flu shot	pneumovax	hepatitis B	other					
date										

do you have any allergies to medications? yes/no Please list and explain

WE OFFER WELLNESS AND PREVENTIVE CARE!

What has, in the past, been referred to as a "complete physical", or "annual exam", is our opportunity to review your health status with you. We call this a "wellness visit" in order to emphasize our focus on your health and well being. A wellness visit includes reviewing your past medical history, your social history, and your family history, and using this data to address your age appropriate wellness needs. These may include things like cancer screening, immunizations, appropriate blood tests, and imaging tests (e.g. mammograms). We will also take the time to address any significant risk factors you have for developing serious disease and try to work with you to lower your risk. As Ben Franklin said, "An ounce of prevention is worth a pound of cure".

Various insurances use various terms for this wellness visit, including "annual exam", "complete physical", and others, but all these terms refer to the same thing we call a wellness visit. It is your responsibility to know whether or not your insurance covers this type of annual visit, as we deal with so many different insurances it is impossible for us to know, for any particular patient, whether or not this is covered, or how often it is covered.

Patients often ask us to address problems while they are here for their wellness visits - either chronic problems or new ones. We understand that you do not want to come back for another visit if the problem can be addressed while you are here. When we deal with a problem, we are required to charge for a problem visit in addition to the charge for the wellness visit. There are times when we simply don't have time to deal with problems in addition to the wellness issues, so sometimes we will ask you to schedule another visit. We do our best to address all your needs while you are here.

It is confusing when your insurance statement shows charges for two types of service when you were only here once. Feel free to call us with questions you may have about these charges. But please understand that this is how your insurance requires us to bill.

As always, thank you for helping us to help you.