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Jupiter, FL 33458
(561) 743-3065

Patient's Name____ **Age**__________

Today's date________________ **Primary Care Physician**__________________________

Medical History **Usual weight:**_____**lbs**

Please circle all medical illnesses you have ever had (Check box here if none ☐)

ABNORMAL PAP SMEARS
ANEMIA
ANGINA
ARTHRITIS
BREAST CYSTS OR MASSES
BLADDER INFECTION
BLEEDING AFTER INTERCOURSE
BLOOD CLOTS, LEGS OR LUNGS
BRUISING
CANCER OF ______________
CHRONIC DIARRHEA
CONSTIPATION
DEPRESSION
DIABETES
EYE PROBLEMS
GLAUCOMA
GONORRHEA
HEART ATTACK
HEART FAILURE
HEPATITIS
HIATAL HERNIA
HIV INFECTION
JAUNDICE
KIDNEY INFECTION
MITRAL VALVE PROLAPSE
STOMACH ULCER
RECTAL BLEEDING
SKIN ABNORMALITIES
SWOLLEN GLANDS
TRICHOMONAS
URINE LOSS
UTERINE FIBROIDS
VAGINAL BLEEDING

Please circle all surgeries that you have ever had (Check box here if none ☐)

APPENDECTOMY
BACK SURGERY
BLADDER SURGERY
BREAST SURGERY (BENINGN)
BREAST SURGERY (CANCER)
BREAST SURGERY (COSMETIC)
CARDIAC PACEMAKER
CORONARY ANGIOPLASTY
CORONARY ARTERY BYPASS
EYE SURGERY
HEAD INJURY
HEART VALVE SURGERY
HEMORROHIDECTOMY
HIP SURGERY
HYSTERECTOMY
INTESTINAL SURGERY
KNEE SURGERY
MASTECTOMY
NECK SURGERY
OVARIES REMOVED
THYROID SURGERY
TUBAL LIGATION

Drug Allergies and Reaction:______________________________________

Current Medications (dose and frequency):____________________________
____

OB/GYN History
First day of last menstrual period _________
Age period began____ Menopause age ____
Period lasts___days, Cramps are none/mild/severe
Periods occur every ___days & are heavy/med/light
Total number of pregnancies_______
Full term deliveries____
Premature deliveries_____ Miscarriages_____
Living children (ages)__________________

Social History
Primay Language____________
Do you smoke? Yes No
Packs per day __________
Drink alcohol? Yes No
Use Street Drugs? Yes No
Best oral contraceptive tolerated
____

Family History Age Health Cancer?
Father____
Mother____
Brothers____
Sisters____
Mother's sister____
Mother's mother_______________________________________
Father's mother_______________________________________

Patient's Signature____