

Patient Name: _____

DOB: _____

Gender: Male Female

Local Pharmacy of Choice: _____

Mail in Pharmacy Name: _____

(Please provide copy of Rx Card at Registration)

PAST MEDICAL HISTORY (please answer all questions to the best of your ability):

Do you have now or have you had:	Yes	No	Do you have now or have you had:	Yes	No
Tuberculosis (TB)			Thyroid Problems		
Cancer			Stomach Problems/GERD		
High Blood Pressure			Intestinal Disease		
Heart Attack			Liver Disease		
Kidney Disease			Seizures		
Lung Disease – COPD/Asthma			Urinary Issues		
Diabetes – Type 1 or 2			Anxiety		
Depression			Bipolar		
Other:					

Please explain all YES answers:

FAMILY HISTORY (please add family members as needed):

Family Member	Living/Deceased	Age (now or age deceased)	Medical Problem/Cause of Death
Mother	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		
Father	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		
Siblings	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		

Any Family With:	Who?	Type	Age
Cancer <i>(prostate, breast, lung)</i>			
Diabetes			
Heart Attack			
Stroke			

SOCIAL HISTORY:

Do you now or have you ever used:

- 1. Tobacco (cigarettes, chewing tobacco, pipes, e-cigarettes, etc.)? Yes No Date Quit _____
If yes, how long? _____
- 2. Alcohol (beer, liquor, wine, etc.) Yes No Quit
If yes, how long? _____ No. drinks per day _____
- 3. Caffeinated beverages (soda, coffee, tea, energy drinks, etc.) Yes No Quit
If yes, how long? _____ No. drinks per day _____
- 4. Illicit drugs (injected, inhaled, other) Yes No Quit
If yes, how long? _____ What drug _____

Do you have any medication, food, or environmental allergies?

Please list any prior surgeries: _____

Last Colonoscopy (year): _____ **Results:** _____ **Surgeon/place:** _____

Please list current medications (bring medication bottles with you to your appointment):

Do you have any health concerns that you would like to discuss with your provider today?

Do you have:	Yes	No	If yes, POA Name/Number:
Power of Attorney			
Advanced Directive			
Living Will			
Do Not Resuscitate			