Medical History

Name: _____

Date of Birth: _____

Employer: _____

☐ Employee ☐ Spouse ☐ Dependent

Medical History (Please check all that apply)

☐ Allergies	☐ Emphysema/COPD	☐ Irritable Bowel Syndrome
☐ Anemia	☐ Seizures	☐ Incontinence
☐ Anxiety	☐ Enlarged Prostate	☐ Kidney Disease
☐ Arthritis	☐ Gall Stones	☐ Kidney Stones
☐ Asthma	☐ Gout	☐ Pneumonia
☐ Blood Clots	☐ Heart Disease	☐ Shortness of Breath
☐ Cancer Type: _____	☐ Hepatitis: Type: _____	☐ Sexually Transmitted Disease
☐ Ulcers	☐ High Blood Pressure	☐ Stroke
☐ Depression	☐ Headaches	☐ Thyroid Disease
☐ Diabetes	☐ High Cholesterol	☐ Osteoporosis
☐ Liver Disease	☐ Skin Conditions	☐ Other:
☐ Hearing Loss	☐ Vision Loss	☐ Other:

Past Surgeries

Year: _____ Procedure: _____

Year: _____ Procedure: _____

Year: _____ Procedure: _____

Hospitalizations

Year: _____ Reason: _____

Year: _____ Reason: _____

Year: _____ Reason: _____

Medication Allergies ☐ None

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

Medication: _____ Reaction: _____

Medical History

Name: _____ Date of Birth: _____

Annual Examinations

Procedure	Year Performed	Location Performed
Pap Smear		
Mammogram		
Breast Exam		
Prostate Exam		
Colonoscopy		
Flu Vaccine		
Tetanus Vaccine		
PHA Exam		

Family Medical History (Please list all medical conditions for the following)

Mother	☐ Deceased	
Father	☐ Deceased	
Sibling	☐ Deceased	
Sibling	☐ Deceased	
Sibling	☐ Deceased	
Other	☐ Deceased	
Other	☐ Deceased	

Social History

Exercise:	☐ None	Frequency _____
Tobacco Use:	☐ None	Frequency _____ Years of Use _____
	Type: ☐ Cigarettes	☐ Smokeless / Chew ☐ Cigars
Alcohol Use:	☐ None	Frequency _____
Recreational Drugs:	☐ None	Frequency _____ Type _____ Method _____
Sexually Active:	☐ Yes ☐ No	Method of Contraception _____

Medical History

Name: _____ Date of Birth: _____

Current Medications

Medication	Strength	Dose	Purpose

Patient Signature (or Representative if Minor) Date

Relationship to Patient

4500 S. 129th E. Ave, #191 | Tulsa, OK 74134 | T: 800-993-8244 | F: 918-779-7454 | www.careatc.com

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