					D	OB:			
M <u>edical Hist</u>	ory: Plea	ase ched	ck those conditions th	hat NOW or HA	VE EVER applied to	you:			
Asthma Anemia Arthritis Anxiety COPD	□ Deme □ Derma □ Diabe □ Epilep □ GERD	ntia atitis tes sy	□ Breast Cancer□ Depression□ Pneumonia□ HIV□ Renal Stone	□ Enlarged□ Heart Atta□ Hepatitis□ Back Prol□ Glaucoma	Prostate Mig ack Go Hea blems Thy a Ulc	raine		☐ High Choles☐ High Blood F☐ Coronary Art☐ Congestive F☐ Tuberculosis	Pressure tery Diseas Heart Failu
Other condition									
Medication I	<u>_ist</u> : Plea	ase list a	ny medications you a	are currently tak	king:				
Have you rece	ently had	anv im	munizations or inje	ections? (ex flu	shot, pneumonia, teta	nus hen	atitis etc	. I D Ves D No If v	es nlease l
Tave you reco	elitiy ilau	ally iiii	Munizations of mje	CTIONS: (GA. Na	sпоі, рпешнона, ісіа	nus, n c p	auus, ou	:.) ⊔ 1 €5 ⊔ 1¥0 <i>11 y</i>	θδ, μισαδο τ
	V = N	16							
<u>∤liergies</u> : ⊔	Yes ⊔ ivo	It yes,	please list:						
<u>Surgical His</u>	tory: Ple	ease fill c	out past surgical histo	ory:			-		
Ohetatric His	etory: Ar	a voll ci	rrently pregnant? □	Ves □ No If ve	s how many weeks?	·······			
	<u> </u>				s, how many weeks? Ab Spontaneous		onics	Multiple Births	Living
Obstetric His	<u> </u>	re you cu I Term	urrently pregnant? Premature	Yes □ No If ye Ab Induced	Ab Spontaneous		opics	Multiple Births	Living
Total Preg	Ful	l Term	Premature	Ab Induced			opics	Multiple Births	Living
Total Preg Social Histo Do you smoke	Ful ry: ?	I Term	Premature yes, how often, how	Ab Induced	Ab Spontaneous	Ect	opics	Multiple Births	Living
Total Preg Social Histo Do you smoke Do you drink?	Ful ry: ? Yes	No If	Premature yes, how often, how yes, check all that ap	Ab Induced much? pply: □ beer □	Ab Spontaneous	Ect	opics	Multiple Births	Living
Total Preg Social Histo Do you smoke Do you drink? How often & he	ry: ? Yes Yes ow much:	No If	Premature yes, how often, how yes, check all that ap	Ab Induced much? pply: beer	Ab Spontaneous	ol			
Total Preg Social Histo Do you smoke Do you drink? How often & he Do you current	ry: ? Yes Yes ow much:	No If No If you have yo	Premature yes, how often, how yes, check all that ap ou taken any illegal d	Ab Induced / much? oply: beer	Ab Spontaneous wine hard alcoh prescription drugs? (ol Ect			
Total Preg Social Histo Do you smoke Do you drink? How often & he Do you current	ry: ? Yes Yes ow much:	No If No If you have yo	Premature yes, how often, how yes, check all that ap ou taken any illegal d	Ab Induced / much? oply: beer	Ab Spontaneous	ol Ect			
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								See other side
	✓Yes	∠ No	Relationship			✓Yes	√No	Relationship
□ Epilepsy			□ M □ P	☐ Thyroid Disease				□ M □ P
□ GERD			□ M □ P	□ Ulcer				□ M □ P
□ Stroke			□ M □ P	☐ High Cholestero	ı			□ M □ P
☐ Breast Cancer			□ M □ P	☐ High Blood Pressure				□ M □ P
□ Depression			□ M □ P	☐ Coronary Artery Disease				□ M □ P
□ Pneumonia			□ M □ P	☐ Congestive	ıre			□ M □ P
□ HIV			□ M □ P	☐ Tuberculos (TB)				□ M □ P
☐ Renal Stone			□ M □ P					□ M □ P
			□ M □ P					□ M □ P
			□ M □ P					□ M □ P
Family Member	Death Age		<u>CD</u> . If known, fill in the <u>age at de</u> Cause of Death	Family Member (Brothers & Sisters)	Dea Ag	ıth		Cause of Death
Father				□ M □ F				
Mother				□ M □ F				
Maternal Grandmother				□ M □ F				
Maternal Grandfather				□ M □ F				
Paternal Grandmother				□ M □ F				
Paternal				□ M □ F				
Grandfather								