

Baptist Primary Care

Primary Care Physician \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Married [ ] Single [ ] Divorced [ ]

Tobacco Y / N \_\_\_\_\_ Alcohol Y / N \_\_\_\_\_ Drugs Y / N \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescription Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chronic illnesses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospitalizations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family history of the following? Please indicate: M = Mother, F = Father, S = Sister, B = Brother, U = Unknown

Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Kidney Stones or Disease \_\_\_\_\_ Arthritis \_\_\_\_\_

Diabetes \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Cancer \_\_\_\_\_ Anemias \_\_\_\_\_ Strokes \_\_\_\_\_

Ulcers \_\_\_\_\_ Heart disease or Attack \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Thyroid \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

6/20/2008 9:23 AM

HISTORYII 6.15.06.XLS