BPC/MANDARIN SOUTH PATIENT INFORMATION

TODAY'S DATE _____ / ____ / _____

PATIENT'S NAME _____ AGE: ____ DATE OF BIRTH :_____

TODAY'S MEDICAL PROBLEMS: _____

SPOUSE'S NAME: _____ AGE: ____

NUMBER OF CHILDREN: _____ MALE: _____ FEMALE: _____ AGE(S): _____

FATHER: LIVING ____ DECEASED ____ AGE: ____

MEDICAL HISTORY: _____

MOTHER: LIVING ____ DECEASED ____ AGE: ____

MEDICAL HISTORY: _____

BROTHERS: _____ SISTERS: ____ LIVING ____ DECEASED ____ AGE(S): ____

SIGNIFICANT MEDICAL PROBLEMS: _____

PATIENT'S CHRONIC PROBLEMS:	ONSET DATE:	CURRENT MEDICATIONS:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ALLERGIES TO MEDICATION: YES __ NO __ IF YES, NAME OF MEDICATIONS THAT YOU ARE ALLERGIC TO: _____

HOSPITALIZATION:	DATES	REASON
	_____	_____
	_____	_____
	_____	_____
	_____	_____

DATE OF LAST MENSTRUAL PERIOD: _____

DO YOU SMOKE? YES ___ NO ___ HOW MANY PACKS PER DAY? ____

DO YOU DRINK ALCOHOL? YES __ NO __ HOW OFTEN? _____

DO YOU EXERCISE REGULARLY? YES __ NO __

DO YOU HAVE ACTIVITIES/HOBBIES FOR FUN? YES __ NO __ LIST THEM: _____

_____

DO YOU HAVE PETS? YES __ NO __ WHAT TYPE? _____

DO YOU WEAR YOUR SEAT BELT REGULARLY? YES __ NO __

CURRENT OCCUPATION: _____

IMMUNIZATION HISTORY

LIST THE DATES LAST RECEIVED:

TETNUS: _____ MMR: _____

HEPATITIS: _____ PNEUMOVAX: _____