# *Myrtle Ridge Family Medicine*

## Adult Medical History

Patient's Name: _____ DOB_____

Other family members who come to MRFM_____

What brings you to the doctor today? _____

| **What health problems have you had?** | | | Please explain: | Date began |
|---|---|---|---|---|
| Eye/Ear/Sinuses | Y | N | | |
| Heart disease | Y | N | | |
| Lung disease | Y | N | | |
| Stomach or colon | Y | N | | |
| Liver or kidney | Y | N | | |
| Arthritis, back pain | Y | N | | |
| Skin disease | Y | N | | |
| Blood or Immune disease | Y | N | | |
| Nervous system | Y | N | | |
| Anxiety/depression | Y | N | | |
| Diabetes/thyroid | Y | N | | |
| Cancer (type) | Y | N | | |
| Other disease/conditions? | Y | N | | |

**Medications (and dose):**

Over-the-counter or herbal medications

Last Cholesterol test_____

Last HIV test_____

What did you weigh 1 year ago?_____

Any other health concerns today?_____

_____

**Immunizations (date)**

Influenza_____

Pneumonia_____

Tetanus_____

**Allergies to medications (& reaction)**

1_____

2_____

3

**Surgeries** Date

1_____

2_____

**Other hospital admissions** Date

1_____

2_____

3_____

**Other medical procedures (date)**

MRI/CT Scan_____ Cardiac Cath_____

Colonoscopy_____ Stress Test_____

Other_____

**Women's Health**

Number of pregnancies_____ Last pap smear _____

Last menstrual period_____ Last mammogram _____

Have you had any female problems or surgeries?_____

_____

| **Family History** | | Living? | | Health problems, or cause of death |
|---|---|---|---|---|
| Father | Age_____ | Y | N | |
| Mother | Age_____ | Y | N | |
| Brother | Age_____ | Y | N | |
| and | Age_____ | Y | N | |
| Sisters | Age_____ | Y | N | |
| | Age_____ | Y | N | |

**Social History**

Do you use tobacco? _____ How much, or if quit, when?_____

Do you use alcohol/? _____ How much, or if quit, when?_____

Exercise, hours/wk_____ Occupation_____

Education, years_____ Marital status S/M/D/W, when?_____

Who do you live with?_____

Do any household members have serious health problems?_____

How long have you lived in Tampa?_____

Signature_____ Date_____