



SW Durham Family Medicine, PLLC

3612 Shannon Road, Suite 105
Durham, NC 27707
phone (919) 419-0242
fax (919) 401-4172

Medical History Form

Today's Date _____

Birth Date _____

Age _____

Name _____

Medications *including Dietary Supplements*

Name	Dose	Frequency Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Medical Problems / Surgeries / Hospitalizations

_____	_____	_____
_____	_____	_____

Family History *Any blood relative*

- | | | |
|---|---|---|
| <input type="radio"/> heart disease | <input type="radio"/> cancer | <input type="radio"/> seizures |
| <input type="radio"/> high blood pressure | <input type="radio"/> depression / mental illness | <input type="radio"/> blood clots |
| <input type="radio"/> thyroid disease | <input type="radio"/> stroke | <input type="radio"/> kidney disease |
| <input type="radio"/> diabetes | <input type="radio"/> lung problems | <input type="radio"/> bleeding problems |

Health problems in immediate family

Mother	Father	Siblings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list dates of your last

Cholesterol test _____ Pneumonia shot _____ Tetanus shot _____
 Flexible sigmoidoscopy / Colon cancer screening _____

Women

Pap smear _____

Mammogram _____

Men

Prostate cancer screening _____

continue on back >

Lifestyle

Ever use tobacco? Yes No Date stopped if no longer using _____

Currently using chewing tobacco, snuff, pipe or cigarettes? Yes No

Alcohol use: More than one drink per day Less than one drink per day Never

Caffeine use: More than two drinks per day Two drinks or less per day Never

Recreational drugs (marijuana, cocaine, etc.) _____

Sexual preference Men Women Both

Live by myself Live with _____

Do you have any special requests due to religious practices / culture / values?

Education _____ Occupation _____

I currently have the following**Skin**

- Rash
- Sores
- Moles to check

Eyes

- Blurry vision
- Drainage from eyes
- Double vision

Ears

- Loss / Decrease of hearing
- Drainage from ears
- Ringing

- Sores in mouth
- Sinus problems / Hay fever

Lung / Breathing

- Cough
- Difficulty breathing
- Coughing up blood
- Wheezing

Heart / Circulation

- Heart murmur
- Chest pain
- Swollen ankles
- Leg pain when walking

Skeleton

- Pain in joints
- Stiffness in joints
- Swollen joints
- Back problems

Digestive

- Change in appetite
- Change in weight
- Problems with swallowing
- Indigestion / Heartburn
- Food intolerances
- Diarrhea
- Constipation
- Abdominal pain
- Bloody or black stool
- Vomiting
- Nausea

Urinary

- Difficulty Urinating
- Discomfort while urinating
- Incontinence/Accidents
- Urinating frequently or getting up more than one time at night

- Sexual problem

Nervous system

- Increase in headaches
- Loss of consciousness or faintness
- Sleep disturbance
- Depressed mood or anxiety
- Trouble with speech, balance, coordination or weakness
- Tingling in arms or legs

Women

- Heavy or painful periods
- Bleeding between periods
- Vaginal discharge more than usual
- Periods more/less than monthly
- Hot flashes
- Past menopause

Last menstrual period _____

Birth control _____

Number of pregnancies _____

Children born alive _____

Miscarriages _____

Complications with pregnancy _____
