Medical History Update, Adult

Dry Ridge FAMILY MEDICINE PLLC

Patient Name: _____ **Date of Birth:** _____

Today's Date: _____

Date of your last physical visit at Dry Ridge Family Medicine: _____

MEDICAL HISTORY UPDATE

Since your last physical, please list any new health problems or health concerns:

_____

_____

_____

_____

Since your last physical, please list any hospitalizations or surgeries you've had, and the approximate dates:

_____

_____

_____

_____

If another provider is prescribing you medication(s), or if you are taking over-the-counter medications, vitamins, or supplements we may not be aware of, please list them here:

_____ _____

_____ _____

_____ _____

_____ _____

Please list any new medication allergies, including the type of reaction:

_____

_____

_____

_____

Medical History Update, Adult

Dry Ridge FAMILY MEDICINE PLLC

Patient Name: _____ **Date of Birth:** _____

SOCIAL HiSTORY UPDATE

Marital Status: ____Single ____Married ____Divorced ____Separated

____Widowed ____Live w/Significant Other

How many people, including yourself, live in your household? _____

What is the relationship of the other people in your household (spouse, son, mother, cousin, friend, etc.)?

_____

_____

Employment Status

____Full-Time ____Part-Time ____Homemaker ____Retired ____Disabled ____Student ____Unemployed

If employed, employer and job title: _____

Do you feel safe in your home? ____Yes ____No

If not, please list concerns: _____

_____

Do you currently use tobacco? ____Yes, and I might quit ____Yes, but I'm not ready to quit ____No

If yes, what kind: ____Cigarettes ____Chew ____Snuff ____Cigars

If you smoke, how many packs per day and for how many years? _____

During the past four weeks, how many drinks of wine, beer, or other alcoholic beverages did you have?

____10 more drinks per week ____6-9 drinks per week ____2-5 drinks per week

____One drink or less per week ____No alcohol at all

Do you currently use any illegal drugs? (this information is kept confidential) ____Yes ____No

If yes, please list what kind and how often you use them (daily, weekly, monthly?):

_____

Medical History Update, Adult

Dry Ridge FAMILY MEDICINE PLLC — Nicole Ogg, MD

Patient Name: _____ **Date of Birth:** _____

Are you currently following any special diet? ____Yes ____No

If yes, what kind: ____Vegan ____Vegetarian ____Low Cholesterol ____Gluten Free

____Diabetes Diet ____Other: _____

Do you currently exercise? ____Yes ____No

If yes, list what kind of exercise and how often: _____

_____

Hobbies: _____

FAMILY HISTORY UPDATE:

Since your last physical, has your family history or living situation changed? ____Yes ____No

Mother Is she? ____Alive ____Deceased List current age, or the age she died: _____

New medical problems, if any: _____

_____

Father Is he? ____Alive ____Deceased List current age, or the age he died: _____

New medical problems, if any: _____

_____

Brothers How many? _____

List current ages if applicable: _____

New medical problems, if any: _____

_____

Sisters How many? _____

List current ages if applicable: _____

New medical problems, if any: _____

_____