

**Medical History Update**  
*(to be filled out at the time of yearly physical)*



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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Please list all of your **current medications**, including dosage. Also include any over-the-counter medications or vitamins:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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**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 (for example: spouse, son, mother, cousin, friend, roommate, etc.)?

\_\_\_\_\_

**Employment Status (circle one):**

Full-time  Part-time  Unemployed  Retired  Disabled  Homemaker  Student

If employed, please list name of employer and job title:

\_\_\_\_\_

**Personal Habits:**

Do you currently use tobacco? \_\_\_\_\_.

If yes, what kind:  Cigarettes  Chew  Snuff  Cigars

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

Do you drink alcohol? \_\_\_\_\_.

If yes, approximately how many drinks per week:

0-1  2-4  5-7  8-10  11-14  14-20  >20

Do you currently use any illegal drugs (this information is kept confidential)? \_\_\_\_\_

If yes, please list what kind of illegal drugs and how often you use them (daily, weekly, monthly, etc): \_\_\_\_\_

Are you currently following any special diet (for example: vegetarian, low cholesterol, low salt, etc)?

\_\_\_\_\_

Do you currently exercise? \_\_\_\_\_

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

\_\_\_\_\_

**Family History:** Please list any changes in family medical history, if applicable

**Mother:** Alive Deceased List current age, or the age she died: \_\_\_\_\_

New medical problems, if any:

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**Father:** Alive Deceased List current age, or the age he died: \_\_\_\_\_

New medical problems, if any:

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**Brothers:**

How many? \_\_\_\_\_ List current ages if applicable: \_\_\_\_\_

New medical problems, if any:

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**Sisters:**

How many? \_\_\_\_\_ List current ages if applicable: \_\_\_\_\_

New medical problems, if any:

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