Eagle Family Medicine @ Village Wellness History

Name ___________________________ Date ___________________________

Age ___________ Marital Status: S M Sep D W Partner

Do you have questions or concerns to discuss with your provider today?

______________________________________________________________

Health Maintenance—please give the date of:

Last dental exam: _______________ Last eye exam: _______________
Colon cancer screening: ____________ Pneumonia shot?
Last tetanus?: _______________ Have you had a shingles shot?
Flu shot?: _______________

For Women:

Last PAP smear: _______________ Who did your last PAP smear? _______________
Last mammogram: _______________ Sexually active?
Last menstrual period: _______________ Birth control method:

For Men:

Last prostate exam: _______________ PSA blood test: _______________
Sexually active? _______________

Health Habits

Do you smoke? ______ If so, how much? ______ If ex-smoker give quit date _______________
How many alcoholic beverages (beer, wine or liquor) do you drink each week? _______________
How much caffeine do you drink each day? (coffee, tea, soda, energy drinks) _______________
Do you get vigorous exercise outside of your job at least 3 times per week? _______________

Since your last complete exam, do you have symptoms that concern you related to any of the following?

Frequent or severe headache, vision or hearing problems Yes No _______________
Hay fever, allergies, wheezing Yes No _______________
Problems with digestion or bowels Yes No _______________
Chest pain or tightness, palpitations Yes No _______________
Change in exercise tolerance Yes No _______________
Shortness of breath or persistent cough Yes No _______________
Joint pain or swelling, injuries Yes No _______________
New rashes or skin lesions Yes No _______________
Anxiety, change in mood, or sleep problems Yes No _______________
Reproductive, urinary, or sexual concerns Yes No _______________

Any new medicines, ER Visits, hospitalizations, surgeries, or change in family history not noted elsewhere?