



Medical History Review

Patient Name: _____ Today's Date: ____/____/____

PCP: (circle) GARBER, ROSSELOT, BAUMEL, WHITMAN, CRAWFORD, HARK, LU, LUBIN-LEVY.

PATIENT'S PAST MEDICAL HISTORY (birth, major illnesses, hospitalizations, surgeries)	
DATE:	
PATIENT'S CURRENT MEDICAL PROBLEMS OR NEW CONCERNS	
PATIENT'S CURRENT MEDICATIONS (liquid/chewable/pill, dosage and frequency)	
PATIENT'S ALLERGIES (medication, food, other)	
NAME OF MEDICATION/FOOD/OTHER	TYPE OF REACTION
FAMILY HISTORY	
Biological Mother's health history:	
Biological Father's health history:	
Sibling (name/age), major medical problems:	
1)	3)
2)	4)
IS THERE A FAMILY HISTORY OF: (please indicate relative and age of onset)	
Heart attack, stroke or high cholesterol before age 60? Y / N	
Sudden or unexplained death? Y / N	
Chest pain or heart symptoms related to exercise or exertion? Y / N	
Obesity or weight problems? Y / N	
Is there any family history of diabetes? Y / N	
other?	