



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?