Gifford Health Care

Please bring this form with you to your first appointment, along with a list of your current medications.

New Patient Medical History Form

Name: _____ Date of Birth: _____ Date Form Completed: _____

PERSONAL MEDICAL HISTORY

DISEASE/CONDITION	CURRENT	PAST	COMMENTS
Alcoholism/Drug Abuse			
Asthma			
Cancer *(type:_____)*			
Depression/Anxiety/Bipolar/Suicidal			
Diabetes *(type:_____)*			
Emphysema *(COPD)*			
Heart Disease			
High Blood Pressure *(hypertension)*			
High Cholesterol			
Hypothyroidism/Thyroid Disease			
Renal *(kidney)* Disease			
Migraine Headaches			
Stroke			
Other:			

SURGERIES

TYPE *(specify left/right)*	DATE	LOCATION/FACILITY

HOSPITALIZATIONS

REASON FOR HOSPITALIZATION	DATE	LOCATION/FACILITY

Continued on reverse…

Name: _____ Date of Birth: _____ Date Form Completed: _____

WOMEN'S HEALTH HISTORY

Date of Last Menstrual Cycle:	Age of First Menstruation:_____Age of Menopause: _____
Total Number of Pregnancies:	Number of Live Births:
Pregnancy Complications:	

HEALTH MAINTENANCE SCREENING TEST HISTORY

CHOLESTEROL	Date:	Facility/Provider:	Abnormal Result? ☐Y N☐
COLONOSCOPY/SIGMOID	Date:	Facility/Provider:	Abnormal Result? ☐Y N☐
MAMMOGRAM	Date:	Facility/Provider:	Abnormal Result? ☐Y N☐
PAP SMEAR	Date:	Facility/Provider:	Abnormal Result? ☐Y N☐
BONE DENSITY	Date:	Facility/Provider:	Abnormal Result? ☐Y N☐

VACCINATION HISTORY

Last Tetanus Booster or TdaP:	Last Pneumonia Vaccine:
Last Flu Vaccine:	Last Zoster Vaccine *(Shingles)*:

FAMILY MEDICAL HISTORY

☐ NO SIGNIFICANT FAMILY HISTORY IS KNOWN

✓ CHECK ALL THAT APPLY	Alcohol/Drug Abuse	Asthma	Cancer	Emphysema (COPD)	Depression/Anxiety	Bipolar/Suicidal	Diabetes	Early Death	Heart Disease	High Cholesterol	High Blood Pressure	Kidney Disease	Stroke	Thyroid Disease	Migraines	Other: _____	Other: _____	Other: _____
Mother																		
Father																		
Brother																		
Sister																		
Child																		
Grandmother (mother's side)																		
Grandfather (mother's side)																		
Grandmother (father's side)																		
Grandfather (father's side)																		
Other: _____																		