Piedmont Family Practice
Health History

Name: ______________________ **Birthdate:** __________ **Today's Date:** __________

Family History (unknown ________)

	AGE(If Living)	AGE @ TIME OF DEATH AND CAUSE OF DEATH		
Father				
Mother				
Sibling			Age	Spouse
				Children

FAMILY HISTORY			WHO?
Asthma	Yes	No	
Cancer	Yes	No	
Colon Polyps	Yes	No	
Depression	Yes	No	
Diabetes	Yes	No	
Drug/Alcohol Problems	Yes	No	
Heart Disease	Yes	No	
High Blood Pressure	Yes	No	
Osteoporosis	Yes	No	
Stroke	Yes	No	
High Cholesterol	Yes	No	
Migraines	Yes	No	
Thyroid disease	Yes	No	

Social History

Place of Birth __________ Marital Status **S M W D Sep.**

Occupation __________ Past Occupations __________

Highest grade completed in school ____ College ____ Post Grad ____

Hobbies __________ Veteran Yes No

Exercise/Recreation __________

Habits

Caffeine (type & amount) __________

Tobacco (type & frequency) __________

If used tobacco in past, date quit __________

Alcohol (type & amount) __________

Past Medical History

Have you ever had the following? Circle "Yes" or "No" leave blank if uncertain

Blood Transfusion	Yes	No	Migraine Headaches	Yes	No	Kidney Disease	Yes	No
Chicken Pox	Yes	No	Depression/Anxiety	Yes	No	Arthritis	Yes	No
Pneumonia	Yes	No	Alcoholism	Yes	No	Back Problems	Yes	No
Mononucleosis	Yes	No	Drug Dependence	Yes	No	Concussion	Yes	No
Veneral Disease	Yes	No	Diabetes	Yes	No	Fractures __________		
AIDS or HIV+	Yes	No	Stroke	Yes	No	Cancer (type) __________		
Hepatitis	Yes	No	Heart Disease	Yes	No	Other __________		
Rheumatic Fever	Yes	No	High Cholesterol	Yes	No	__________		
Freq. Bladder Infect.	Yes	No	Glaucoma	Yes	No	__________		
Hay Fever	Yes	No	Bleeding Tendency	Yes	No	__________		
Asthma	Yes	No	Hiatal Hernia	Yes	No	**Immunization Dates:**		
Emphysema	Yes	No	High Blood Pressure	Yes	No	Tetanus Shot __________		
Thyroid Disease	Yes	No	Hemorrhoids	Yes	No	Hepatitis B Series __________		
Anemia	Yes	No	Bowel Disease	Yes	No	Pneumonia Shot __________		

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Surgeries

__________ __________
__________ __________
__________ __________
__________ __________

Hospitalizations

__________ __________
__________ __________
__________ __________
__________ __________

Reviewed and Updated: ____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____

____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____