



Myrtle Ridge Family Medicine

Adult Medical History

Patient's Name: _____ DOB _____

Other family members who come to MRFM _____

What brings you to the doctor today? _____

What health problems have you had?	Please explain:	Date began	Medications (and dose):
Eye/Ear/Sinuses	Y N _____	_____	_____
Heart disease	Y N _____	_____	_____
Lung disease	Y N _____	_____	_____
Stomach or colon	Y N _____	_____	_____
Liver or kidney	Y N _____	_____	_____
Arthritis, back pain	Y N _____	_____	_____
Skin disease	Y N _____	_____	_____
Blood or Immune disease	Y N _____	_____	_____
Nervous system	Y N _____	_____	_____
Anxiety/depression	Y N _____	_____	_____
Diabetes/thyroid	Y N _____	_____	_____
Cancer (type)	Y N _____	_____	_____
Other disease/conditions?	Y N _____	_____	_____

Last Cholesterol test _____

Last HIV test _____

What did you weigh 1 year ago? _____

Any other health concerns today? _____

Immunizations (date)

Influenza _____

Pneumonia _____

Tetanus _____

Allergies to medications (& reaction)

1 _____

2 _____

3 _____

Surgeries

1 _____ Date _____

2 _____

Other hospital admissions

1 _____ Date _____

2 _____

3 _____

Other medical procedures (date)

MRI/CT Scan _____ Cardiac Cath _____

Colonoscopy _____ Stress Test _____

Other _____

Women's Health

Number of pregnancies _____ Last pap smear _____

Last menstrual period _____ Last mammogram _____

Have you had any female problems or surgeries? _____

Family History

Father Age _____ Living? Y N _____ Health problems, or cause of death _____

Mother Age _____ Y N _____

Brother: Age _____ Y N _____

and Age _____ Y N _____

Sisters Age _____ Y N _____

Age _____ Y N _____

Social History

Do you use tobacco? _____ How much, or if quit, when? _____

Do you use alcohol/? _____ How much, or if quit, when? _____

Exercise, hours/wk _____ Occupation _____

Education, years _____ Marital status S/M/D/W, when? _____

Who do you live with? _____

Do any household members have serious health problems? _____

How long have you lived in Tampa? _____

Signature _____ Date _____