

SOUTHERN ILLINOIS ASSOCIATES, LLC

Initial visit medical History

Date: _____

Name: _____ Age: _____ Yrs. Date of Birth: _____

Address: _____

Sex: Male / Female Race: White / Black / Asian / Other: _____

Marital Status: Please circle. Single ; Married ; Divorced ; Separated; Widowed; Significant other:

Sex of the partner: Male or Female: Who else lives with you? _____

MEDICAL HISTORY Circle all which apply

- | | | |
|------------------------|--------------------------|-----------------------------------|
| Allergies/Hayfever | DM Type 1 | Kidney Infections |
| Alcoholism | DM Type 2 | Kidney stone |
| Anemia | DVT | Migraine |
| Anxiety | <u>Epilepsy</u> | Multiple Sclerosis |
| Asthma | Fracture | Obesity |
| Atrial Fibrillation | Gastric ulcer | Old MI |
| Blood Transfusions | Gastrointestinal Disease | Osteoarthritis |
| CAD | GERD | Osteoporosis |
| Cancer | Gestational Diabetes | Pneumonia |
| Cardiac Pacer | Glaucoma | Progressive Neurological Disorder |
| Cardiovascular Disease | Heart Murmur | Pulmonary Disease |
| CHF | Hepatitis | Rheumatic Fever |
| Cirrhosis | High Cholesterol | Rheumatoid Arthritis |
| Colitis | Hyperlipidemia | STD |
| COPD | Hypertension | Terminal Illness |
| CRF | Hyperthyroidism | Thyroid Disease |
| Crohn's disease | Hypothyroidism | TIA |
| CVA | Insulin Pump | Tuberculosis |
| Depression | Joint Pain | Valvular Problems |

Surgical / Procedural	Month/Year performed	Surgical / Procedural	Month/Year performed
No prior surgical history		Heart Surgery	
Appendectomy		Hemorrhoids	
Breast Lumpectomy		Hernia	
Cataract Surgery		Hysterectomy	
Colectomy		Laparoscopy	
Cone Biopsy		Mastectomy right /left /bilateral	
D&C		Oophorectomy	
Endometrial Ablation		Tonsil/Adenoidectomy	
Gall Bladder		Tubal Ligation	

Allergies to Medicine:

Smoking Status:, Never smoked, quit now for last _____ year or months, current smoker _____ pack per day for ___ yrs.

Family history	Father	Mother	Other Family Members (e.g. brother, sister, etc.)
Alcoholism	Yes or no	Yes or no	
Anxiety disorder	Yes or no	Yes or no	
COPD	Yes or no	Yes or no	
Depression	Yes or no	Yes or no	
Diabetes	Yes or no	Yes or no	
Epilepsy	Yes or no	Yes or no	
Hypercholesterolemia	Yes or no	Yes or no	
Hyperlipidemia	Yes or no	Yes or no	
Hypertension	Yes or no	Yes or no	
Hypothyroidism	Yes or no	Yes or no	
Kidney Disease	Yes or no	Yes or no	
Liver Disease	Yes or no	Yes or no	
Obesity	Yes or no	Yes or no	
Schizophrenia	Yes or no	Yes or no	
Stroke	Yes or no	Yes or no	
Sudden death before age of 45	Yes or no	Yes or no	
Suicide attempts	Yes or no	Yes or no	

Educational level _____

Technical/Vocational School; Junior College; University; Associates Degree; Bachelors Degree; Masters Degree; Doctor Of Philosophy (PHD) ;

Colorectal Screening (for Age 50-75 Years) For all Patients	Date of Last procedure
Colonoscopy test Every 9 years for patients age 50 - 75 who have not had an FOBT or a Flexible Sigmoidoscopy	
Fecal occult blood test (FOBT) Annual for patients age 50 - 75 who have not had a Colonoscopy or Flexible Sigmoidoscopy	
Flexible sigmoidoscopy test Every 4 years for patients age 50 - 75 who have not had an FOBT or Colonoscopy	
Cervical Cancer Screening For females	
Pap Smear Annual for all females age 21 - 64	
Breast Cancer Screening (40-69)	

Are you currently taking medications? Yes / No If yes, please name the medication and dosage:
