

Southern Illinois Associates, LLC

16 Junction Drive West, Ste 2; Glen Carbon, IL 62034
Phone: 618-288-5019 Fax: 618-288-5059



Patient's Name: _____ Date Filled: _____

Reason for visit: in one or two sentences please describe what bring you to our office today

Allergies

No drug allergies

Medications

Reaction

Family History: ___ **No Significant Family History in First Degree relative**

___ **Unknown** ___ **Adopted**

(Father, Mother, Brother, Sister, Maternal Aunt, Maternal Uncle, Paternal Aunt, Paternal Uncle, Maternal or paternal Grandparents, Son, Daughter)

Family History of Suicide:	Yes	NO	Relative: _____
Family History of ADHD:	Yes	NO	Relative: _____
Family History of Bipolar	Yes	NO	Relative: _____
Family H/o Major Depression	Yes	NO	Relative: _____
Family h/o Schizophrenia	Yes	NO	Relative: _____
Family h/o Diabetes Mellitus	Yes	NO	Relative: _____
Family h/o hypothyroidism	Yes	NO	Relative: _____
Family h/o cancer	Yes	NO	Relative: _____
Family h/o Morbid Obesity	Yes	NO	Relative: _____
Family h/o substance abuse	Yes	NO	Relative: _____

Social History

Smoking Status: **Circle one:** Never, Former, Current every day, Current some day smoker
Tobacco-years of use: _____ years
Smoking how Much _____ Pack per day Smoked since age: _____

Chew tobacco Yes No
Smoking-Former smoker quit time:

Smokers in the house Yes No
___ Less than 1- 5 years since last cigarettes;

___ 6- 10 years since last cigarettes;

___ 11- 15 years since last cigarettes;

___ more than 16 years since last cigarettes

___ PPD

Smoking pre- pregnancy

Caffeine intake

None, Occasional Moderate, Heavy

Alcohol intake

How many days in past year have had a heavy drinking consumption (4+ for female, 5+Male)

Are you currently employed Yes No on leave from work

Relationship status: Circle one: Married, Single, Divorced, Separated, Widowed,
Domestic partner

Sexual orientation: Heterosexual, homosexual, Bisexual

Number of Children: _____

Siblings: _____

Educational level | Less than 8th Grade, 8, 9, 10, 12, 2 year college, 4 year college Post Graduate

Past Surgical History:

Appendectomy	Yes	No	Hysterectomy	Yes	No
Breast Surgery	Yes	No	Oophorectomy	Yes	No
Cardiac Stent	Yes	No	Gallbladder removal	Yes	No
Cataract Surgery	Yes	No	Subdural hematoma	Yes	No
Endometrial ablation	Yes	No	Vagal nerve stimulator	Yes	No
Heart Surgery	Yes	No	Other		

Past Psychiatric History:

Anxiety Disorder	Yes	No	Schizophrenia	Yes	No
Bipolar Disorder	Yes	No	Schizoaffective disorder	Yes	No
Depression, major	Yes	No	ECT	Yes	No

Panic Episode	Yes	No	TMS Therapy	Yes	No
PTSD	Yes	No	Past Suicidal Attempt	Yes	No
Psychotic Episode	Yes	No	Past Psychiatric Hospitalization	Yes	No

Past Medical History:

ADD/ ADHD	Yes	No	GERD	Yes	No
AIDS/ HIV	Yes	No	Gastric Ulcer	Yes	No
Alcoholism	Yes	No	Glaucoma	Yes	No
Amnesia	Yes	No	Headaches	Yes	No
Asthma	Yes	No	Heart Problems	Yes	No
Atrial Fibrillation	Yes	No	Hepatitis	Yes	No
Blood Transfusions	Yes	No	Hyperlipidemia	Yes	No
Brain injury	Yes	No	Hypertension	Yes	No
CAD (Coronary artery disease)	Yes	No	Hyperthyroidism	Yes	No
CHF	Yes	No	Hypothyroidism	Yes	No
CVA	Yes	No	Learning disorder	Yes	No
Cancer	Yes	No	Liver disease	Yes	No
Cardiac Pacemaker	Yes	No	Migraine	Yes	No
Cardiac Defibrillator	Yes	No	Multiple Sclerosis	Yes	No
Cardiovascular disease	Yes	No	Morbid Obesity	Yes	No
Chronic Renal Failure	Yes	No	Osteoarthritis	Yes	No
Cirrhosis	Yes	No	Osteoporosis	Yes	No
Colitis	Yes	No	Prostate Cancer	Yes	No
Chron's disease	Yes	No	Seizures/Epilepsy	Yes	No
Diabetes Mellitus	Yes	No	Stroke	Yes	No
Fibromyalgia	Yes	No	TIA	Yes	No