KACHINA FAMILY PRACTICE ADOLESCENT MEDICAL HISTORY (10 to 18)

First Name: **Last:** **DOB:** **AGE:** **EMAIL:**

Pharmacy Name: **Pharmacy Cross Streets:** **Pharmacy Phone #**

CURRENT MEDICATIONS

1. Dose: Times/day: 4. Dose: Times/day:
2. Dose: Times/day: 5. Dose: Times/day:

ALLERGIES TO MEDICATIONS: ○None ○Yes (if Yes, list below)

Medication Type of Reaction Medication Type of Reaction

PAST MEDICAL HISTORY

☐ Acne ☐ ADD/ADHD ☐ Allergies ☐ Anemia ☐ Anxiety	☐ Arthritis/Joint Pain ☐ Asthma/Reactive Airways ☐ Depression ☐ Developmental Disorder ☐ Diabetes: ○ Type I ○ Type II	☐ Eating Disorder ☐ GERD/Acid Reflux ☐ Heart Disease ☐ Heart Murmur ☐ Intestinal Disorder	☐ Learning Disability ☐ Menstrual Disorder ☐ Migraine/Headache ☐ Skin Disorder ☐ Thyroid Disorder	☐ Other:

SURGERIES: ○None ○Yes (if Yes, list below)

Year Year Year Year

Who do you live with? Pets?

Years in Arizona? State(s) before Arizona? Hobbies?

Are you sexually active ? ○ Yes ○ No ○ Not currently but yes in the past

Smoker ○ Yes ○ No ○ Former **Amount (packs/day):** ○ 2 ○ 1½ ○ 1 ○ 3/4 ○ 1/2 ○ 1/3 ○ less than ¼ ○ Occasional

Alcohol ○ No ○ Yes ○ Former Amount: Drinks per ○ day ○ week ○ month ○ year **Illegal Drugs** ○ No ○ Yes ○ Former

Diet Habits: ○ Excellent ○ Good ○ Average ○ Needs Improvement ○ Poor ○ Lots of Fast Food

Exercise: ☐ None Type of Exercise Frequency: minutes, times per week.

FAMILY MEDICAL HISTORY

MOTHER

○ Alive ○ Deceased

Age, or age at death

Cause of death

MEDICAL PROBLEMS:

☐ Alcoholism	☐ High Blood Pressure
☐ Anxiety	☐ High Cholesterol
☐ Asthma	☐ Kidney Disease
☐ Depression	☐ Migraine
☐ Diabetes	☐ Obesity
☐ Heart Disease	☐ Osteoporosis

☐ Cancer, Type

Other Medical Problems (list):

FATHER

○ Alive ○ Deceased

Age, or age at death

Cause of death

MEDICAL PROBLEMS:

☐ Alcoholism	☐ High Blood Pressure
☐ Anxiety	☐ High Cholesterol
☐ Asthma	☐ Kidney Disease
☐ Depression	☐ Migraine
☐ Diabetes	☐ Obesity
☐ Heart Disease	☐ Osteoporosis

☐ Cancer, Type

Other Medical Problems (list):

SIBLINGS

Number of Brothers Sisters

Cause(s) of death

MEDICAL PROBLEMS:

☐ Alcoholism	☐ High Blood Pressure
☐ Anxiety	☐ High Cholesterol
☐ Asthma	☐ Kidney Disease
☐ Depression	☐ Migraine
☐ Diabetes	☐ Obesity
☐ Heart Disease	☐ Osteoporosis

☐ Cancer, Type

Other Medical Problems (list):

Vaccines (When did you have the following?)

HPV (Gardisil) Meningitis (Menactra) Tetanus/Pertussis (Tdap) Varicella

PLEASE BRING A COPY OF YOUR SHOT RECORD TO YOUR APPOINTMENT.

How did you hear about Kachina Family Practice?