KACHINA FAMILY PRACTICE ADOLESCENT MEDICAL HISTORY (10 to 18)

First Name:	Last:			DOB:	AGE:	EMAIL:		
Pharmacy Name:	Ph	narmacy Cross S	Streets:			Pharmacy	Phone #	
CURRENT MEDICATIONS								
1.	Dose:	Times/		4.		Dose:	Times/day:	
2.	Dose:	Times/	/day:	5.		Dose:	Times/day:	
ALLERGIES TO MEDICATIONS: ONone OYes (if Yes, list below)								
Medication Type of Reaction Medication Type of Reaction								
PAST MEDICAL HISTORY								
Acne	in Eating Disorder		_		Other:			
□ ADD/ADHD □ Allergies	☐ Asthma/Reactive ☐ Depression	Airways GERD/Acid Reflux Heart Disease		☐ Menstrual Disorder ☐ Migraine/Headache				
Anemia	isorder Heart Murmur Skir			☐ Skin Disord	kin Disorder			
Anxiety	I O Type II ☐ Intestinal Disorder ☐ Thyroid			☐ Thyroid Dis	order			
	SURGERIES: ONone OYes (if Yes, list below)							
		Year					Year	
		Year					Year	
Who do you live with?					Per	ts?		
Years in Arizona? State(s) before Arizona? Hobbies?								
Are you sexually active? O Yes	Are you sexually active? O Yes O No O Not currently but yes in the past							
Smoker O Yes O No O Former Amount (packs/day): O 2 O 1½ O 1 O 3/4 O 1/2 O 1/3 O less than ¼ O Occasional								
Alcohol ONo OYes OFormer	Amount:	Drinks per O	day Oweek	Omonth Oyea	r	Illegal Drugs O	No O Yes O Former	
Alcohol O No O Yes O Former Diet Habits: O Excellent O Good Exercise: None Type of Exe	od O Average O Ne			ots of Fast Foo	d		No OYes OFormer Der week.	
Diet Habits: O Excellent O Goo	od O Average O Ne	eds Improvemen	nt OPoor O1	ots of Fast Foo	d juency: mi			
Diet Habits: ○ Excellent ○ Good Exercise: □ None Type of Exe	od O Average O Ne	reds Improvemen	IILY MEDI	Lots of Fast Food Free CAL HISTO	d juency: mi	nutes, times p		
Diet Habits: ○ Excellent ○ Good Exercise: □ None Type of Exercise: ○ Alive ○ Deceased MOTHER	od O Average O Ne	eds Improvemen	IILY MEDI	Lots of Fast Food Free CAL HISTO	d miquency: mi	nutes, times p	per week.	
Diet Habits: O Excellent O Good Exercise: None Type of Exercise: MOTHER O Alive O Deceased Age, or age at death	od O Average O Ne	FAM O Alive Ol	IILY MEDI FATH Deceased death	Lots of Fast Food Free CAL HISTO	d miquency: mi	nutes, times p	siblings	
Diet Habits: O Excellent O Good Exercise: None Type of Exercise: MOTHER O Alive O Deceased Age, or age at death Cause of death	od O Average O Ne	FAM O Alive O I Age, or age at Cause of death	IILY MEDI FATH Deceased death	Lots of Fast Food Free CAL HISTO	d mi puency: mi mi pRY	nutes, times purchase times ti	SIBLINGS Sisters	
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Diet Habits: O Excellent O Good Exercise: None Type of Exercise: MOTHER O Alive O Deceased Age, or age at death Cause of death MEDICAL PROBLEMS: Alcoholism	od O Average O Ne	FAM O Alive Ol Age, or age at Cause of death MEDICAL Pl Alcoholism Anxiety	FATH Deceased death n ROBLEMS:	Lots of Fast Food Free CAL HISTO ER High Blood I High Cholest	Pressure erol	mber of Brothers use(s) of death EDICAL PROBLI Alcoholism Anxiety	SIBLINGS Sisters High Blood Pressure High Cholesterol	
Diet Habits: O Excellent O Good Exercise: None Type of Exercise: MOTHER O Alive O Deceased Age, or age at death Cause of death MEDICAL PROBLEMS: Alcoholism	od O Average O Ne	FAM O Alive Ol Age, or age at Cause of death MEDICAL PI Alcoholism Anxiety Asthma	FATH Deceased death n ROBLEMS:	Lots of Fast Food Free CAL HISTO ER	Pressure erol sise	mber of Brothers use(s) of death EDICAL PROBLE Alcoholism	SIBLINGS Sisters High Blood Pressure	
Diet Habits: O Excellent O Good Exercise: None Type of Exercise: None Type of Exercise:	agh Blood Pressure igh Cholesterol idney Disease igraine pesity	FAM O Alive Ol Age, or age at Cause of death MEDICAL Pl Alcoholism Anxiety Asthma Depression Diabetes	FATH Deceased death ROBLEMS:	cots of Fast Food Free CAL HISTO ER High Blood I High Cholest Kidney Disea Migraine Obesity	Pressure erol see	mber of Brothers use(s) of death EDICAL PROBLI Alcoholism Anxiety Asthma Depression Diabetes	SIBLINGS Sisters High Blood Pressure High Cholesterol Kidney Disease Migraine Obesity	
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