KACHINA FAMILY PRACTICE ADULT MEDICAL HISTORY (18 and older)

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:	
3.		Dose:		Times/day:	6.		Dose:		Times/day:	

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

Medication Type of Reaction Medication Type of Reaction

PAST MEDICAL HISTORY

☐ ADD/ADHD ☐ Allergies ☐ Anemia ☐ Anxiety ☐ Arthritis/Joint Pain ☐ Asthma	☐ Chronic Pain ☐ COPD/Emphysema ☐ Depression ☐ Diabetes: ○ Type I ○ Type II ☐ Erectile Dysfunction ☐ GERD/Acid Reflux	☐ Heart Disease ☐ High Blood Pressure ☐ High Cholesterol ☐ Hypothyroidism ☐ Insomnia ☐ Intestinal Disorder	☐ Kidney Disease ☐ Liver Disease ☐ Migraines ☐ Osteoporosis ☐ Skin Disorder ☐ Sleep Apnea	☐ Other:

SURGERIES ☐ None

	Year		Year
	Year		Year

Marital Status ○ Single ○ Married ○ Divorced ○ Widowed ○ Partnered **Children:** Girls Boys **Occupation**

Who do you live with? Pets?

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

Are you sexually active ? ○ Yes ○ No Sexual Orientation: do you prefer ○ Men ○ Women ○ Both

Tobacco ○ Yes ○ No ○ Former , Years used , **Type:** ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless

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):

PREVENTIVE CARE (When did you last have the following?)

Physical Colonoscopy Mammogram Tetanus Vaccine Pneumonia Vaccine Flu Vaccine Bone Density Scan

OB/GYN HISTORY

Pregnancies Live Births Miscarriages Abortions Last PAP Smear: Date Through: ○ PCP or ○ Gynecologist

How did you hear about Kachina Family Practice?