Please fill out this information as accurately as possible;
it is part of your medical record.

Name_____
DOB_____
Why were you referred to this clinic?
_____

Pharmacy name & location_____
Flu Shot_____
Pneumonia Shot_____
Tetanus/TDaP_____

Medical History (please check all that apply)

□NO Health Problems
□ALS/MS □Arthritis □Asthma
□Cancer (type)_____ □COPD
□Depression/Anxiety □Diabetes □Emphysema
□Fatigue □GERD □Heart Disease
□Hypertension □Hyperlipidemia
□Insomnia □Irreg heart rhythm
□Migraines □Seizures □Thyroid disease
□Sleep Apnea □Stroke □Vitamin B or D deficiency
□Other_____

Surgical History (please list all surgeries/dates)

□Bronchoscopy □Heart surgery/stent placement
□Sinus/nasal surgery □Tonsils/adenoids
□Other_____
_____
_____

Social History

□Single □Married □Widowed □Divorced
How many children do you have?_____
Current place of employment_____
Retired? Yes No Stay @ home? Yes No
Shift work: Yes No
CDL: Yes No

Allergies

Medication allergies:_____
_____
□cats □dogs □mold □grass □dust □pollen
□other_____

Please list all medications and dosages

(Include supplements and over-the-counter meds)

1._____
2._____
3._____
4._____

Social Exposures

Did you ever smoke? Yes No
How many packs per day?_____
When did you quit?_____

Do you drink alcohol? Yes No
How many drinks per day?_____
Have you ever been an alcoholic? Yes No

Do you consume caffeine? Yes No
How many ounces per day?_____
□coffee □pop □energy drinks

Do/did you use illicit substances? Yes No
□meth □pot □other_____

Other exposures
□Asbestos □Radon □Farm dust
□Tuberculosis □Second hand smoke

Family History

My mother is □alive □deceased Age_____
Health problems:_____
_____
My father is □alive □deceased Age_____
Health problems:_____
_____
Do your children have any health problems?
_____
Any family history of:
□Heart disease □Stroke □Seizures
□Sleep Apnea □Insomnia □Asthma
□Emphysema □Allergies
□Cancer/Type:_____

7._____
8._____
9._____
10._____

5.______________________________________ 11.__________________________________
6.______________________________________ 12.___________________________________