

BW PRIMARYCARE

Bridge to Wellness

Patient History Form, age 12-21

Name _____

Date of Birth _____ M or F

Current school/grade level _____

Current job situation

Parent/Guardian(s)

Prior Primary Care Provider or other specialists
seen within past 2 years

Allergies or reactions to medications?

Has the patient been hospitalized for illness or
surgery since their last visit? Provide dates as
well.

Recent changes in family, living or school
situation?

Is there concern about the patient 's mental
health or abilities in school? _____ If the
above answer is yes, please fill out a mental
health questionnaire- ask a staff member or
obtain from website link.

**Problems or concerns with any of the
following, either in the child or a family
member?**

Heart

Lungs

Head/ears/nose/throat

Abdomen/Stomach/Intestines

Muscles or Joints

Nervous system

Depression or Anxiety

High blood pressure

High cholesterol

Diabetes

Thyroid disease

Cancer

Skin

Other

Family History Medical Problems

Mother

Father

Brothers/Sisters

Grandparents

Other Health History

Does the patient smoke?

Is there a smoker in the household?

Does the patient drink alcohol? If so, how often?

Has the patient used illegal drugs or had issues with substance abuse?

Is the patient sexually active? _____ Using birth control?

Last dental appointment?

Last vision screen or eye doctor appointment?

Is there a family or household contact with **HIV, tuberculosis, Hepatitis C** or any other infectious disease of concern?

Are there any specific concerns you would like to address at this appointment?

List current medications, with dose and frequency, and any other vitamins and/or supplements taken by the patient

Do you have a copy of your **immunization record**? _____ If so , please provide us with a copy. If not, please obtain one from us or your prior provider.

Does the patient have a diet which is well-rounded and includes fruits, vegetables, protein, and a small amount of fats on a daily basis? _____ If not, what is missing?

