BW PRIMARYCARE

Bridge to Wellness

Patient History Form, 65-105

Name_____

Date of Birth_____ M or F

Employed, Volunteer, Retired or Disabled?

_____

Other physicians or specialists seen within past 2 years

_____

_____

_____

Allergies or reactions to medications?

_____

Have you been hospitalized for **illness** or **surgery since your last visit**? Provide dates as well.

_____

_____

Last **dental** exam? _____

Last **eye** exam? _____

Last **colonoscopy**? _____

Women - last **gynecologic** exam? _____

Last **mammogram**? _____

Men – last **PSA**? _____

Problems or concerns with any of the following?

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

_____

Recent changes in family or living situation?

_____

_____

Family History **Medical Problems**

Mother

Father

Brothers/Sisters

Grandparents

Health Habits

Do you or did you ever smoke?

Drink alcohol?

Routine exercise?

Caffiene?

Have you ever had a problem with alcohol abuse or drug abuse (prescription or street drugs)?

Have you ever been physically or sexually abused?

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

Do you have an advanced directive or living will? _____If so, please provide us with a copy.

If not, please talk to your provider about this. You can download the MOLST (Maryland Medical Order for Life-Sustaining Treatment) form and fill it out for this appointment.

List **current medications**, with dose and frequency, and any **other vitamins and/or supplements**

Past Immunization History-give approximate date or supply immunization record

Tetanus/dT/Tdap?_____

Pneumonia vaccine?_____

Flu shot?_____

Hepatitis B?_____

Gardasil (HPV)?_____

Zostavax (Shingles)?_____

Other vaccines for school, travel, etc?

If you are coming for a Medicare wellness check-up, please be sure to fill out the Medicare questionnaire