

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

List previous surgeries/hospitalizations: \_\_\_\_\_

List medical conditions: Circle all that apply

Allergies      Anemia      Arthritis      Asthma      Atrial Fibrillation      Cancer      Congestive Heart Failure  
COPD      Diabetes      High Blood Pressure      High Cholesterol      Overactive Thyroid      Under Active Thyroid  
Seizure Disorder      Other: \_\_\_\_\_

List Over-the-counter Medications (vitamins, herbals): \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ How many packs per day? \_\_\_\_\_ If you have quit, year stopped \_\_\_\_\_  
How much alcohol do you drink per week? \_\_\_\_\_  
How many cups of caffeine do you drink in a day? \_\_\_\_\_

Do you have a "Living Will" (advanced directive)? Yes \_\_\_\_\_ NO \_\_\_\_\_  
Do You have a durable Power of Attorney? Yes \_\_\_\_\_ NO \_\_\_\_\_

What is your Occupation? \_\_\_\_\_

Are you Married? Yes \_\_\_\_\_ NO \_\_\_\_\_ Do you have children? Yes \_\_\_ No \_\_\_ If yes how many children \_\_\_\_\_ and their Ages \_\_\_\_\_

	Living (age)	Deceased (age)	Medical Conditions
Grandfather (father's side)	_____	_____	_____
Grandmother (father's side)	_____	_____	_____
Grandfather (mother's side)	_____	_____	_____
Grandmother (mother's side)	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers/Sisters	_____	_____	_____
	_____	_____	_____
Children	_____	_____	_____

Have you had a Colonoscopy? Yes \_\_\_\_\_ NO \_\_\_\_\_ If a family history of colon cancer/polyps you should have a colonoscopy at age 40. Otherwise everyone should have a screen at age 50 and over.

