TRIANGLE COMMUNITY PHYSICIANS, P.A.
ADULT HEALTH HISTORY FORM

Name:_____ Today's Date:_____

Age: _____ Date of Birth:_____ Date of last Physical: _____

Reason for visit/health issues to discuss:

1._____ 3._____

2. _____ 4. _____

MEDICAL HISTORY		SURGICAL HISTORY	
Year	Medical problems/Illness/Hospitalization ❑ None	Year	Prior Surgeries/Operations ❑ None

CURRENT MEDICATIONS including over-the-counter medicines, herbs, vitamins, birth control pills	ALLERGIES medications/foods
❑ None	❑ None
Local Pharmacy:	
Mail in pharmacy:	

CHILDHOOD ILLNESSES	
Chicken pox ❑ had disease ❑ Never ❑ Received vaccine	Mumps ❑ Received vaccine ❑ had disease ❑ Never
Measles ❑ Received vaccine ❑ Never ❑ had disease	Rheumatic fever ❑ Never ❑ had disease

VACCINATIONS		
Tetanus vaccine: Date:	❑ Under 10 years ago	❑ Over 10 years ago
Hepatitis B vaccine	❑ Not received	❑ Completed series (3 shots)
HPV vaccine (cervical cancer):	❑ Not received	❑ Completed series (3 shots)
Pneumonia vaccine Date:	❑ Not received	
Zostavax (shingles vaccine) Date:	❑ Not received	

PLEASE COMPLETE BACK SIDE OF FORM ➔

HEALTH MAINTENANCE					
Stress Test	Date:	❑ Never	Mammogram	Date:	❑ Never
Colonoscopy	Date:	❑ Never	Bone Density testing	Date:	❑ Never

WOMEN'S HEALTH (if applicable)			
Pregnancies		**Birth control:** ❑none ❑pills ❑patch ❑IUD ❑tubal ligation ❑vasectomy ❑withdrawal ❑ Condoms ❑trying to get pregnant	**Pregnancy complications:** ❑ None ❑ Diabetes ❑ Blood pressure ❑ Other _____
Total number pregnancies			
Full term infants		**Menstrual periods:** Last period:_____ Age at 1st period: _____ Age at menopause_____	**Pap smears**: Date: _____ Abnormals? Have you ever had any STD's? ❑ No ❑ Yes Specify:
Premature infants			
Abortions/Miscarriages			
Living children			

SOCIAL HISTORY	
Marital status: ❑single ❑married ❑divorced ❑widowed	**Caffeine:** Type, Amount and how often: ❑ None
Occupation:	**Exercise:** Type and how often: ❑ None
Education: highest level completed: ❑ Middle school ❑ GED ❑ High school grad ❑ 2yr college/technical school ❑ BS/BA College graduate ❑ Graduate School ❑ PhD/professional school	**Diet:** ❑ No specific ❑ Diabetic ❑ Vegetarian ❑Low fat/low cholesterol
Type Sex partners: ❑ Men ❑Women ❑Both Number of sex partners: Lifetime: Last 6 mo:	**Illicit drugs:** ❑never ❑current ❑quit ❑ Marijuana ❑ Cocaine ❑ IV drugs
Tobacco: ❑never ❑current ❑quit Average amount: How long?:	**Pets in home:** ❑ cat(s) ❑ dog(s)
Alcohol: ❑Never ❑occasional ❑regular ❑ former alcoholic Average amount:	**Living Will:** ❑ Do not have one ❑ have one ❑ would like to discuss Current status: ❑ full code ❑ Limit futile treatment ❑ DNR

FAMILY HISTORY			
	Age/Age of death	Illnesses	Cause of death
Father	❑Living ❑Deceased		
Mother	❑Living ❑Deceased		
Brothers	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
Sisters	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
Children	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		
	❑Living ❑Deceased		