AnMed Health

PATIENT HISTORY

Williamston Family Medicine
16 Roberts Boulevard, Williamston, SC 29697

NAME _____ BIRTH DATE _____ AGE _____

CURRENT / PAST MEDICAL CONDITIONS: (*Please check all that apply)*

- ☐ Anemia (low blood)
- ☐ Arthritis
- ☐ Asthma/Wheezing
- ☐ Bladder/Kidney problems
- ☐ Blood transfusions
- ☐ Bowel Problems
- ☐ Cancer/Tumor
- ☐ Cataracts
- ☐ Colon Polyp / Cancer
- ☐ Congestive Heart Failure
- ☐ Depression
- ☐ Diabetes (High Sugar)
- ☐ Emphysema/Lung Disease
- ☐ Enlarged Prostate
- ☐ Gallbladder Disease
- ☐ Glaucoma
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hiatal Hernia/Esophageal Stricture
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Incontinence (urine leakage)
- ☐ Latex Allergy or sensitivity
- ☐ Rheumatic Fever
- ☐ Sexual Problems
- ☐ Skin Problems
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Other_____

PAST SURGICAL HISTORY (*Please check all that apply*)

- ☐ Back Surgery
- ☐ Breast Surgery ï Lumpectomy
- ☐ Breast Surgery ï Mastectomy
- ☐ Carpal Tunnel
- ☐ Cath Stent Replacement
- ☐ Cesarean Section
- ☐ Coronary Artery Bypass
- ☐ Heart Valve Replacement
- ☐ Hysterectomy- Complete
- ☐ Hysterectomy- Partial
- ☐ Knee Arthroscopy
- ☐ Neck Surgery
- ☐ Removal of Appendix
- ☐ Removal of Ovaries
- ☐ Removal of Gallbladder
- ☐ Removal Of Tonsils
- ☐ Removal of Tonsils and Adenoids
- ☐ Tubal Ligation

Other, not listed

- ☐ _____
- ☐ _____

HOSPITALIZATIONS (*List all hospitalizations and dates*)

_____

_____

_____

_____

FAMILY MEDICAL HISTORY

- ☐ Asthma
- ☐ Bipolar Disorder
- ☐ Breast Cancer
- ☐ Cancer
- ☐ Colon Cancer
- ☐ Colon Polyps
- ☐ Depression
- ☐ Diabetes
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ High Blood pressure
- ☐ Prostate Cancer
- ☐ Skin Problems
- ☐ Stroke
- ☐ OTHER_____

SOCIAL HISTORY

Tobacco: ☐ Smoker (_____Packs per day) ☐ Former Smoker

Alcohol: ☐ Frequent drinker ☐ Never Drank Alcohol
☐ Social Drinker ☐ Recovering Alcoholic

Drugs: ☐ Amphetamines ☐ Barbiturates ☐ Cocaine
☐ Heroine ☐ LSD ☐ Marijuana
☐ Prescription Drugs

Marital Status: ☐ Never Married ☐ Married ☐ Separated
☐ Divorced ☐ Widower

Women

Pregnancies _____ Abortions/Miscarriages _____ Living Children _____
Last Pap Smear _____Any Abnormal Pap Smears? _____
Last Mammogram _____ Any Abnormal Mammograms? _____
Any family members with Cancer of the Breast, Cervix, or Uterus? _____
Type of Birth Control (if any) _____

Please answer the following questions: (This will help us to better serve you)

During the past month have you been bothered by feeling down, depressed or hopeless? _____
During the past month have you been bothered by little interest or pleasure in doing things? _____
On any single occasion during the past 3 months, have you had more than 4 drinks containing alcohol? ____
Is your religion or faith helpful to you in handling your illnesses> If so, is there any way that we can support this?
_____
What kind of work do you do? _____
What activities does your job involve? _____
Do you have any concerns about work exposures? _____
Have any co-workers had any similar health problems? _____
Are you satisfied with your job? _____
Do you have any concerns about your weight or appearance? _____
Are you on any special diet? _____
Do you participate in regular exercise? _____
If you smoke, have you considered stopping? _____
Have you ever had an allergic reaction or sensitivity to latex products?_____
Have you ever been fearful that someone would physically or sexually hurt you? _____
Do you have either of the following? ☐ Living Will ☐ Health Care Power of Attorney
Please list any other doctors or health care providers whom you see _____

_____ _____
Signature of patient or if patient is a minor, signature of legal guardian Date

_____
Printed name of Legal guardian (if applicable)

If patient is a minor, who is/ are the legal guardian(s)? ☐ Mother ☐ Father
☐ Aunt ☐ Uncle
☐ Grandmother ☐ Grandfather

☐ Other _____