

Date \_\_\_\_\_

# HEALTH MAINTENANCE PATIENT

Allergies \_\_\_\_\_

Name \_\_\_\_\_

DOB: \_\_\_\_\_

M  S  D  W

### PAST MED HX:

Date/Dx

### PAST SURG/HOSPITALIZATION/HISTORY:


### SOCIAL HISTORY:

Occupation \_\_\_\_\_  
 Contraception \_\_\_\_\_ Nicotine \_\_\_\_\_  
 Caffeine \_\_\_\_\_ Alcohol \_\_\_\_\_  
 Exercise \_\_\_\_\_ Nutrition \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FAMILY HISTORY:

Mother \_\_\_\_\_  
 Father \_\_\_\_\_  
 MGM \_\_\_\_\_ PGM \_\_\_\_\_  
 MGF \_\_\_\_\_ PGF \_\_\_\_\_  
 Siblings \_\_\_\_\_  
 \_\_\_\_\_  
 Children \_\_\_\_\_  
 Extended \_\_\_\_\_

### LABS:

TSH										
Hemoglobin										
PSA										
Pap Smear										
Mammogram										
Self Breast Exam										
Stool OB										
Flex Sig / BE										
Cholesterol										
Calcium Supplement										
Diet/Exercise/Fiber										

Advanced Directives Info Provided: \_\_\_\_\_  
 Date Discussed: \_\_\_\_\_

Living Will \_\_\_\_\_ Durable Power of Attorney \_\_\_\_\_

### IMMUNIZATIONS:

Please see pediatric form  Past Immunization Records Requested  
 Immun. Records Unavail.  Immun. Up-to-date per patient

Flu										
dt										
Pneumovax										
Hep B										