

# LAKE COUNTRY FAMILY MEDICINE

## History and Physical Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Personal Past Medical History:**  High Blood Pressure,  Diabetes,  Heart Disease,  
 Hypothyroid,  Asthma,  Seasonal Allergies,  GERD/reflux,  High Cholesterol,  
 Arthritis  Other: \_\_\_\_\_

**Family Past Medical History:** *Mother* - \_\_\_\_\_

*Father* - \_\_\_\_\_

**Past Medical Surgery History and When?:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Medication (Dose and Frequency):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Drug/Food Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Social History:**  Smoker; Packs per day \_\_\_\_\_  Non-Smoker

Former/Quit; How long ago? \_\_\_\_\_

Alcohol – if yes, what type?  Beer  Wine  Liquor  Other

check frequency and indicate amount:  daily \_\_\_\_\_  weekly \_\_\_\_\_

monthly \_\_\_\_\_  social \_\_\_\_\_

Illegal Drugs: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_