StoneBrooke family physicians

YEARLY PHYSICAL HEALTH MAINTENANCE

Name		DOB		DATE	

HAVE YOU HAD ANY OF THE FOLLOWING DONE?		
HEALTH MAINTENANCE	**DATE/YEAR**	**LOCATION**
Tetanus vaccine		
Pneumonia vaccine		
Shingles vaccine		
Influenza		

HEALTH MAINTENANCE	**DATE/YEAR**	**LOCATION**	**RESULTS**
Colonoscopy			
Mammogram			
Pap Smear			
Bone Density Test			

MEDICATIONS

Are you currently taking any **NEW** medications? (For example prescribed by another physician recently)	☐ Yes Medication Name/Dose/Directions: _____ _____ _____	☐ No
Do you have any **NEW** medication **allergies or reactions?**	☐Yes Medication name:_____ Reaction: _____	☐No

FAMILY HISTORY

Please list any family members in your ***IMMEDIATE*** family with any of the following medical issues		LIVING? YES OR NO **(If deceased, what age)**
Hypertension (high blood pressure)		
Hypercholesterolemia (high cholesterol)		
Diabetes		
Heart Disease/Heart Attack		
Cancer and Type		
Other:		

TOBACCO USE

Do you currently use tobacco?	☐ Never user	☐ Former user	☐ Current everyday user	☐Current someday user
What kind of tobacco?	☐ Cigarettes	☐Cigars	☐Chewing tobacco	☐Other
At what age did you start smoking?		At what age did you quit smoking?		
How much tobacco do you use per day?	_____packs per day	_____cans of smokeless tobacco per day		

Email:_____

PLEASE SEE BACK

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CURRENT ACTIVE HEALTH ISSUES/CONCERNS		
1.	Do you have any problems with your skin or hair?	
2.	Do you have any problems with your neck?	
3.	Do you have any problems with your ears, nose or throat?	
4.	Do you have any problems with your breathing or lungs?	
5.	Do you have any problems with your breasts?	
6.	Do you have any problems such as chest pain or palpitations?	
7.	Do you have any problems with your stomach or digestive system?	
8.	Do you have any problems with your joints or back?	
9.	Do you have any problems with your moods?	
10.	Do you have any problems with your urinary system?	
11.	**FOR WOMEN** Do you have any gynecologic problems including: menstrual problems, vaginal discharge and vaginal bleeding?	
12.	**FOR MEN** Do you have any problems urinating (slow to start, poor stream) or any sexual problems (erectile difficulties)?	