

## PATIENT MEDICAL HISTORY

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Today's Visit: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of your Primary Care Provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Did another care provider refer you? Provider Name: \_\_\_\_\_

Do you routinely see a Cardiologist? Provider Name: \_\_\_\_\_

Do you routinely see a Gastroenterologist? Provider Name: \_\_\_\_\_

### List any Providers who you would like us to share your results/records with:

Provider Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

### List any prior surgeries you have had and the approximate dates:

Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

### List any medical conditions you are currently or have previously been treated for:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### List any medical conditions that run in your family (cancer, diabetes, heart disease, etc.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Are you currently taking any of the following medications (circle all that apply)?

Aspirin, Ibuprofen, Coumadin, Plavix, Eliquis, Xarelto, Ozempic, Mounjaro, Trulicity, Zepbound, Wegovy

### List any other prescribed or over the counter medications you take regularly:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

List any medications you are allergic to: \_\_\_\_\_

What is your preferred Pharmacy? \_\_\_\_\_ Phone: \_\_\_\_\_

Do you smoke or use tobacco? Yes \_\_\_\_ Never \_\_\_\_ Not anymore \_\_\_\_ If yes, how frequent: \_\_\_\_\_

If no longer using, when did you quit? \_\_\_\_\_

Do you drink alcohol? Never \_\_\_\_ Yes \_\_\_\_ Occasionally \_\_\_\_ How frequently? \_\_\_\_\_

Patient or Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_