Intermountain Medical Group

PERSONAL INFORMATION:

TODAY'S DATE: ____/____/____

NAME: _____ AGE: _____ SEX: ☐ M ☐ F
Last First Middle

CURRENT MARITAL STATUS: ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Married CHILDREN? ☐ Yes ☐ No

OCCUPATION: _____ PERSONAL HABITS: ☐ Alcohol ☐ Tobacco ☐ Caffeine ☐ Recreational Drugs

List your Ethnic Origin: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

List your Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White (Caucasian) ☐ Other

MEDICAL INFORMATION:

* MEDICATION ALLERGIES: _____

CURRENT MEDICATIONS:	DOSAGE:	MEDICAL PROBLEMS (e.g., Heart, Lung, Gastrointestinal, Rheumatologic, Kidney Disease)	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INJURIES / SURGERIES / HOSPITALIZATIONS: Reasons:	Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE PROVIDE MOST RECENT DATE FOR THE FOLLOWING:

Flu Vaccine_____ Pelvic / Pap Exam_____
Pneumonia Vaccine_____ Mammogram_____
Tetanus Vaccine_____ Colonoscopy_____
MMR Vaccine_____ Rectal / Prostate Exam_____
TB (Tuberculosis) Skin Test_____ Eye Exam_____
TB (Tuberculosis) Skin Test ever positive? ☐ YES ☐ NO
Blood transfusion(s) ☐ YES ☐ NO If yes, date(s)_____

Previous Physician(s) and their address (city):_____
_____

FAMILY HISTORY: (PARENTS, GRANPARENTS, SISTERS AND BROTHERS)

	AGE	HEALTH PROBLEMS / CAUSE OF DEATH:
Mother	_____	_____
Father	_____	_____
Sisters	_____	_____
	_____	_____
	_____	_____
Brothers	_____	_____
	_____	_____
Grandparents	_____	_____
	_____	_____

CHECK ANY DISEASES A FAMILY MEMBER HAS HAD:

☐ Heart Attack ☐ Stroke
☐ High Blood Pressure ☐ Arthritis
☐ Rheumatic Fever ☐ Gout
☐ Bleeding Tendency ☐ Liver Disease
☐ Tuberculosis ☐ Kidney Disease
☐ Cancer ☐ Thyroid Disease
Type:_____ ☐ Goiter
☐ Diabetes ☐ Epilepsy
☐ Asthma ☐ Ulcers
☐ Anemia ☐ AIDS
☐ Hepatitis ☐ Depression

SYSTEM REVIEW:

CHECK IF YOU NOW HAVE OR HAVE HAD IN THE PAST

☐ Severe Dizziness / Vertigo
☐ Frequent Stomach or Abdominal Pain
☐ Gout
☐ Chronic Cough
☐ Consistent or Transient Numbness or Weakness
☐ Loss of Consciousness (Passing Out)
☐ Shortness of Breath
☐ Constant Depression
☐ Difficulty with Memory
☐ Skin Rashes/Problems
☐ Chronic Swollen Glands
☐ Unexplained Lumps
☐ Heart Palpitations
☐ Difficulty Swallowing
☐ Seizures
☐ Back Problems
☐ Stomach Ulcers
☐ Asthma
☐ Hay Fever
☐ Chest Pain
☐ Recent change in Bowel Habits
☐ High Blood Pressure
☐ Leg Cramps with Walking
☐ Phlebitis
☐ Heart Murmur
☐ Heart Problems
☐ Diabetes
☐ Severe Heartburn
☐ Sinus Infections
☐ Hernia
☐ Irregular Menstrual Bleeding
☐ Prolonged Diarrhea
☐ Vomiting Blood
☐ Hemorrhoids
☐ Recent or Unexpected Weight Gain
☐ Hearing Loss
☐ Swollen Ankles
☐ Kidney Stones
☐ Kidney Infection
☐ Bladder Infection
☐ Difficulty Urinating
☐ Joint Pain or Stiffness
☐ Joint Swelling
☐ Anxiety
☐ Loss of Libido or other Sexual Problems
☐ Painful Menstrual Cramping
☐ Bloody, Black, or Tarry stools
☐ Coughing Up Blood
☐ Gallbladder Trouble
☐ Transient or Permanent Loss of vision
☐ Recent Constant Fatigue
☐ Hepatitis/Jaundice
☐ Trouble Sleeping
☐ Anemia
☐ Goiter/Thyroid Problems
☐ Blood Clots in Lungs or Legs
☐ Headache
☐ Severe Bleeding
☐ Persistent Fevers/Chills/Night Sweats

Pt Hist 50250

我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助

Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo.