Golden Isles Partners in Health
118 Northpark
Brunswick, GA 31520
Phone: (912) 268 – 4994 Fax: XXX-XXX-XXXX

Patient Name _____ **Date of Birth** _____

Past Medical History:

	Medical Conditions	**Year Diagnosed**
1.		
2.		
3.		
4.		
5.		
6.		

If more medical conditions, please and list on back

	Surgeries	**Year**
1.		
2.		
3.		
4.		
5.		
6.		

If more surgeries, please and list on back

Medications:

	Name	**Dose**	**Frequency**
1.			
2.			
3.			
4.			
5.			
6.			

If more medications, please and list on back

List all medications including vitamins & herbal supplements which you have taken in the last year (excluding those listed above):

_____

_____

Allergies:

List all drugs or substances to which you are allergic and specify type of reaction (i.e. Itching, rash, hives, wheezing, and swelling)

Allergy	**Reaction**

Habits:

	No	Yes	
Cigarettes			How much (per day or per week)
Cigars			
Pipes			
Smokeless Tobacco			
Alcohol			
Illegal Drugs (specify)			

Family History:

	None	Mother	Father	Grandmother	Grandfather	Sister	Brother
Cardiovascular				Mother / Father	Mother/ Father		
Heart Attack							
Heart Disease							
High Cholesterol							
High Blood Pressure							
Genitourinary							
Kidney Disease							
Endocrine/Metabolic							
Diabetes Mellitus							
Pituitary Disease							
Thyroid Disease							
Hematologic							

Sickle Cell Anemia

	None	Mother	Father	Grandmother Mother / Father	Grandfather Mother / Father	Sister	Brother
Immunologic							
Cystic Fibrosis							
Lupus							
Rheumatoid Arthritis							
Neurologic							
Dementia							
Huntington's Chorea							
Migraine							
Stroke							
Tay - Sachs disease							
Oncologic							
Breast Cancer							
Cancer of Colon							
Cancer of Prostate							
Psychiatric							
Alcoholism							
Anxiety							
Bipolar							
Depression							
Schizophrenia							
Suicidal							

Routine Testing	Date	Normal	Abnormal / Comment
Last Mammogram	_____		_____
Last Pap Smear	_____		_____
Last Colonoscopy	_____		_____
Last PSA	_____		_____

Date of last tetanus vaccine _____

Women:

Number of pregnancies _____

Number of deliveries _____