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Family Medicine and Lactation

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ADULT HISTORY

Name____

Date Completed_______________ Date of Birth_______________

Have you ever had:		
Yes	No	
		Smoking
		Diabetes
		High blood pressure
		A heart murmur
		Heart trouble
		Heart attack
		High cholesterol
		Seizures
		Stroke
		Asthma
		Emphysema
		Hay fever/sinus problem
		Pneumonia
		Ulcers
		Hepatitis
		Thyroid Problem
		Arthritis
		Anemia
		Sexually transmitted infection
		Urinary infection
		Cancer
		Breast lump
		Abnormal PAP smear
		Drug or alcohol abuse
		Depression

Do you exercise routinely?

☐Yes ☐No

ALLERGIES OR SEVERE REACTIONS TO MEDICATION OR FOOD ☐ NONE		
Medication/ food	Year of Reaction	What happened?

MEDICATIONS CURRENTLY TAKEN ☐ NONE		
Medication	How Often	What for?

CHRONIC ILLNESS, SURGERY AND HOSPITILIZATIONS (Do not include emergency room visits or childbirth)	
Year	Why hospitalized/what surgery

SEXUAL ORIENTATION

- ☐ Straight
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Other

HEALTH SCREENING AND PREVENTION

What was the year of your last:

Tetanus shot ____________

Blood pressure measurement ____________

Cholesterol test ____________

Colonoscopy ____________
(tube inserted into the rectum to screen colon cancer)

Diabetes screening ____________

WOMEN ONLY:

Cervical cancer screening ____________

Mammogram ____________
(breast cancer screening)

Breast exam by medical practitioner ________

Bone density test ____________

SMOKING HISTORY

☐ Smoking cigarettes currently:
Packs/day___________
Year started__________

☐ Stopped smoking cigarettes
Year started__________
Year stopped_________
Packs/day when smoked________

☐ Smoke pipe or cigars currently

☐ Smoked pipe or cigars in past

☐ Never smoked

ALCOHOL USE

☐ Do not drink alcohol currently

☐ Currently do drink (even occasionally)

How often:
- ☐ Less than 1 drink/month
- ☐ 1-3 drinks/month
- ☐ 1-3 drinks/week
- ☐ 1-3 drinks/day

How many drinks do you have at one time?
- ☐ 1 or 2 drinks
- ☐ 3 or 4 drinks
- ☐ 5 or more drinks

(One “drink” = one beer, one glass of wine, one shot of liquor or one mixed drink)

FAMILY HISTORY

	ALIVE			DEAD		
	Age	(check one) Well	Ill	Year of Death	Age at Death	Cause
Father						
Mother						
Brother(s)						
Sister(s)						
Spouse						
Children						