Health History

ARCH HEALTH Medical Group

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	SEX: ☐M ☐F	TODAY'S DATE
ADDRESS	PHONE		EMAIL

PHARMACY

PHARMACY	ADDRESS	PHONE #
PHARMACY	ADDRESS	PHONE #

MEDICATIONS, OVER THE COUNTER MEDICATIONS & VITAMINS

DRUG NAME, STRENGTH, FREQUENCY	DRUG NAME, STRENGTH, FREQUENCY

ADULT ALLERGIES

NOTE: ALLERGIES ENTERED HERE WILL NOT BE CHECKED AGAINST THE CURRENT MEDICATION LIST.

☐ ACCUPRIL (QUINAPRIL)	☐ DEMEROL	☐ LATEX	☐ PREVACID
☐ ACETAMINOPHEN	☐ DEPAKOTE	☐ LEVOFLOXACIN	☐ PRILOSEC
☐ ACYCLOVIR	☐ DIABETA (GLYBURIDE)	☐ LIDOCANE	☐ PRINIVIL
☐ ADVIL (IBUPROFEN)	☐ DIAMOX	☐ LIPITOR	☐ QUINOLONES
☐ ALTACE (RAMIPRIL)	☐ DICLOXACILLIN	☐ LODINE	☐ RANITIDINE
☐ AMPICILLIN	☐ DOXYCYCLINE	☐ LOPRESSOR (METOPROLOL)	☐ SEPTRA (SULFAMETHOXAZOLE)
☐ AMARYL (GLIMEPIRIDE)	☐ EGG	☐ MICRONASE (GLYBURIDE)	☐ SULFA
☐ AUGMENTIN (AMOXICILLIN)	☐ ERYTHROMYCIN	☐ MINOCIN (MINOCYCLINE)	☐ TAGAMET (CIMETIDINE)
☐ ASPIRIN	☐ FAMOTIDINE	☐ MORPHINE	☐ TEGRETOL (CARBAMAZEPINE)
☐ BACTRIM (SULFAMETHOXAZOLE)	☐ FLAGYL	☐ MOTRIN (IBUPROFEN)	☐ TENORMIN (ATENOLOL)
☐ BIAXIN	☐ FLOXIN	☐ NAPROSYN (NAPROXEN)	☐ TETANUS TOXOID
☐ CARAFATE (SUCRALFATE)	☐ GLUCETROL (GLIPIZIDE)	☐ NEPTAZANE	☐ TETRACYCLINE
☐ CECLOR (CEFACLOR)	☐ HEPARIN	☐ NIACIN	☐ TICLID
☐ CELEBREX	☐ IBUPROFEN	☐ OXYCODONE	☐ VALIUM (DIAZEPAM)
☐ CEPHALOSPORINS	☐ INDERAL (PROPRANOLOL)	☐ PEANUT	☐ VANCOMYCIN
☐ CIPRO (CIPROFLOXACIN)	☐ INDOCIN (INDOMETHACIN)	☐ PENICILLIN	☐ VASOTEC
☐ CLINORIL (SULINDAC)	☐ INSULIN (ANIMAL)	☐ PERCOCET (OXYCODONE)	☐ ZESTRIL
☐ CONTRAST MEDIA (IOVERSOL)	☐ IODINE OR SHELLFISH	☐ PERSANTINE	☐ ZITHROMAX
☐ CODEINE	☐ KEFLEX (CEPHALEXIN)	☐ PLAVIX	☐ ZOCOR
☐ COUMADINE	☐ KLONOPIN	☐ PHENYTOIN	☐ ZYLOPRIM (ALLOPURINOL
☐ DARVON	☐ LASIX (FUROSEMIDE)	☐ PRAVOCHOL	

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FOOD ALLERGIES / OTHER ALLERGIES

MEDICAL HISTORY

☐ ALLERGIES	ONSET DATE	☐ GALLBLADDER DISEASE	ONSET DATE
☐ ANEMIA	ONSET DATE	☐ GERD	ONSET DATE
☐ ANGINA	ONSET DATE	☐ HEADACHE, MIGRAINE	ONSET DATE
☐ ANXIETY	ONSET DATE	☐ HEART DISEASE	ONSET DATE
☐ ARTHRITIS	ONSET DATE	☐ HEART VALVE DISORDER	ONSET DATE
☐ ASTHMA	ONSET DATE	☐ HEPATITIS / LIVER DISEASE	ONSET DATE
☐ ATRIAL FIBRILLATION	ONSET DATE	☐ HYPERTENSION	ONSET DATE
☐ BLOOD CLOTS	ONSET DATE	☐ IRRITABLE BOWEL DISEASE	ONSET DATE
☐ CANCER	ONSET DATE	☐ MYOCARDIAL INFARCTION	ONSET DATE
☐ CARDIAC ARRYTHMIA	ONSET DATE	☐ OSTEOPOROSIS	ONSET DATE
☐ COPD	ONSET DATE	☐ RENAL DISEASE	ONSET DATE
☐ CORONARY ARTERY DISEASE	ONSET DATE	☐ SEIZURE DISORDER	ONSET DATE
☐ DEPRESSION	ONSET DATE	☐ STROKE	ONSET DATE
☐ DIABETES	ONSET DATE	☐ THYROID DISEASE	ONSET DATE
☐ ELEVATED LIPIDS	ONSET DATE	☐ OTHER	ONSET DATE

SURGICAL HISTORY

☐ ANGIOPLASTY	DATE	☐ CATARACT EXTRACTION	DATE	☐ LASIK	DATE
☐ APPENDECTOMY	DATE	☐ CHOLECYSTECTOMY	DATE	☐ MASTECTOMY	DATE
☐ ARTHROSCOPY	DATE	☐ COLECTOMY	DATE	☐ MYOMECTOMY	DATE
☐ BACK SURGERY	DATE	☐ COLOSTOMY	DATE	☐ ORIF	DATE
☐ BILATERAL TUBAL LITIGATION	DATE	☐ D&C	DATE	☐ THYROIDECTOMY	DATE
☐ BLOOD TRANSFUSION	DATE	☐ GASTRIC BYPASS	DATE	☐ TONSILLECTOMY	DATE
☐ BREAST AUGMENTATION	DATE	☐ HERNIA REPAIR	DATE	☐ OTHER	DATE
☐ CABG	DATE	☐ HIP REPLACEMENT	DATE		
☐ CARDIAC PACEMAKER	DATE	☐ HYSTERECTOMY	DATE		
☐ CARPAL TUNNEL RELEASE	DATE	☐ KNEE REPLACEMENT	DATE		

Health History

ARCH HEALTH Medical Group

FAMILY HISTORY ☐ None

RELATIONSHIP	☐ ALIVE AND WELL
FAMILY MEMBER NAME	☐ DECEASED
☐ ADD / ADHD ONSET AGE	☐ CAUSE OF DEATH
☐ ALCOHOLISM ONSET AGE	☐ CAUSE OF DEATH
☐ ALLERGIES ONSET AGE	☐ CAUSE OF DEATH
☐ ALZHEIMER'S DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ ARTHRITIS ONSET AGE	☐ CAUSE OF DEATH
☐ ASTHMA ONSET AGE	☐ CAUSE OF DEATH
☐ BLOOD DISORDER ONSET AGE	☐ CAUSE OF DEATH
☐ CANCER ONSET AGE	☐ CAUSE OF DEATH
☐ CARDIOVASCULAR DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ CORONARY ARTERY DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ CORONARY ARTERY DISEASE (PRE) ONSET AGE	☐ CAUSE OF DEATH
☐ DEPRESSION ONSET AGE	☐ CAUSE OF DEATH
☐ DEVELOPMENTAL DELAY ONSET AGE	☐ CAUSE OF DEATH
☐ DIABETES ONSET AGE	☐ CAUSE OF DEATH
☐ ECZEMA ONSET AGE	☐ CAUSE OF DEATH
☐ ELEVATED LIPIDS ONSET AGE	☐ CAUSE OF DEATH
☐ GENETIC DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ HEARING DEFICIENCY ONSET AGE	☐ CAUSE OF DEATH
☐ HYPERTENSION ONSET AGE	☐ CAUSE OF DEATH
☐ IRRITABLE BOWEL DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ LEARNING DISABILITY ONSET AGE	☐ CAUSE OF DEATH
☐ MENTAL ILLNESS ONSET AGE	☐ CAUSE OF DEATH
☐ MIGRANES ONSET AGE	☐ CAUSE OF DEATH
☐ OBESITY ONSET AGE	☐ CAUSE OF DEATH
☐ OSTEOPOROSIS ONSET AGE	☐ CAUSE OF DEATH
☐ PERIPHERAL VASCULAR DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ RENAL DISEASE ONSET AGE	☐ CAUSE OF DEATH
☐ SEIZURE DISORDER ONSET AGE	☐ CAUSE OF DEATH
☐ STROKE ONSET AGE	☐ CAUSE OF DEATH
☐ THYROID DISORDER ONSET AGE	☐ CAUSE OF DEATH
☐ OTHER ONSET AGE	☐ CAUSE OF DEATH

FAMILY HISTORY – Continued

RELATIONSHIP	☐ ALIVE AND WELL
FAMILY MEMBER NAME	☐ DECEASED
☐ ADD / ADHD ONSET AGE	☐ CAUSE OF DEATH
☐ ALCOHOLISM ONSET AGE	☐ CAUSE OF DEATH
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☐ OTHER ONSET AGE	☐ CAUSE OF DEATH

Health History

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SOCIAL HISTORY

DATE OF RECENT TRAVEL AND DESTINATION:

GENERAL HEALTH & HABITS (CHECK ALL THAT APPLY)

PRESENT HEALTH STATUS: ☐ EXCELLENT ☐ VERY GOOD ☐ AVERAGE ☐ POOR		WEIGHT: 10 YRS AGO? 5 YRS AGO? WEIGHT NOW?	
REGULAR EXERCISE? ☐ YES ☐ NO	DO YOU SMOKE? ☐ YES ☐ NO	ALCOHOL USE? ☐ YES ☐ NO	CAFFEINE USE? ☐ YES ☐ NO
HOW LONG REGULARLY? (YRS)	☐ CIGARETTES ☐ PIPE ☐ CIGARS	# DRINKS PER DAY/WK	# CUPS OF COFFEE/DAY?
TYPE:	PACKS PER DAY:	STOPPED? ☐ YES ☐ NO	# CUPS OF TEA/DAY?
FREQUENCY (WK/TIME)	YRS SMOKED:	YRS QUIT:	# CANS/GLASSES?

OB GYN HISTORY

LAST PERIOD:	☐ LIGHT BLEEDING	FLOW DURATION	☐ REGULAR CYCLES	LAST PAP SMEAR
PADS USED IN 24HR:	☐ HEAVY BLEEDING	AGE OF FIRST PERIOD	☐ IRREGULAR CYCLES	☐ PAST ABNORMAL PAP
☐ TAMPON USE	PREGNANCIES (GRAVID)	DELIVERIES (PARA):		☐ MENOPAUSE

OB GYN SURGICAL HISTORY (PLEASE CHECK ALL THAT APPLY) ☐ None

☐ BREAST AUGMENTATION	☐ BREAST LUMPECTOMY	☐ HYSTERECTOMY (TOTAL ABD)	☐ MYOMECTOMY	☐ SALPINGO OOPHORECTOMY
☐ BILATERAL TUBAL LIGATION	☐ CESAREAN SECTION	☐ MASTECTOMY	☐ REDUCTION MAMMOPLASTY	☐ VAGINA HYSTERECTOMY
☐ BREAST BIOPSY	☐ D AND C	☐ OTHER:		

VACCINATIONS

☐ FLU	☐ PNEUMOCOCCAL	☐ HEP B	☐ MENINGOCOCCAL	☐ TETANUS
☐ PPD (TUBERCULOSIS TEST)		☐ OTHER:		

ADVANCE DIRECTIVE

Do you have an Advance Directive? ☐ Yes ☐ No

Would you like to discuss Advance Directives? ☐ Yes ☐ No