Your Community HEALTH CENTER

RECOGNIZED NCQA PATIENT-CENTERED MEDICAL HOME

PATIENT HEALTH HISTORY

Todays Date: ___/_____/_____

Name: _____ Birth Date____/_____/_____

Allergies:_____

Medications (Include Prescription and Over the Counter:

_____

_____

_____

_____

_____

TOBACCO: Do you currently use tobacco (cigarettes or chew)? YES or NO

If YES: cigarettes # packs or cans a day _____,

If you have previously used tobacco, when did you quit using? _____

ALCOHOL: Do you drink alcohol? _____ How many drinks a day? _____

MEDICAL PROBLEMS (please mark if you have a current or previous problem)

__Asthma	__Alcoholism	__Bleeding Disorder	__Cancer
__Diabetes	__Drug Dependency	__Emphysema	__High Cholesterol
__Epilepsy/Seizures	__Heart Disease	__High Blood Pressure	__HIV/AIDS
__Hepatitis	__Genetic Problems	__Kidney Problems	__Osteoporosis
__Liver Disease	__Psoriasis	__Psychiatric Disease	__Stroke
__STDs	__Rheumatoid Arthritis	__Thyroid Disease	__Tuberculosis

__Other_____

Date of Last Colonoscopy_____ **Date of Last Sigmoidoscopy** _____

SURGERIES:

_____Year___ _____Year____

_____Year___ _____Year____

HOSPITALIZATIONS:

_____Year___ _____Year____

_____Year___ _____Year____

FEMALES: Are you pregnant? YES NO Date of last menstrual period_____

# of pregnancies____ # of live births_____# of abortions/miscarriages_____

Last Pap Smear_____ Last Mammogram_____

FAMILY MEDICAL HISTORY (check all that apply)

	Diabetes	Hypertension	Heart Dis.	Stroke	Mental Illness	Cancer
Father						
Mother						

Number of brothers	Number of sisters
Number of sons	Number of daughters

COMPREHENSIVE HEALTH ASSESSMENT

Do you need assistance with drug costs?	YES__ NO__
Do you need assistance with food costs?	YES__ NO__
Any special communication needs (hearing, reading, vision, speech)?	YES__ NO__
Any high risk health behaviors (unprotected sex, distracted driving, etc.)?	YES__ NO__
Any mental health issues (depression or anxiety)?	YES__ NO__
Any substance abuse (street drugs)?	YES__ NO__
Any trouble understanding your medications or medical conditions?	YES__ NO__