



**PALM HARBOR FAMILY PRACTICE**  
— AND WALK-IN —

**COMPREHENSIVE MEDICAL HISTORY**

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: \_\_\_\_\_

PLEASE LIST ANY ALLERGIES YOU HAVE TO MEDICATIONS: \_\_\_\_\_

PLEASE CHECK IF ANY **BLOOD RELATIVES** HAVE SUFFERED ANY OF THE FOLLOWING CONDITIONS, PLEASE INDICATE WHICH RELATIVE IN THE SPACE PROVIDED

DIABETES \_\_\_\_\_ HYPERTENSION \_\_\_\_\_  
HIGH CHOLESTEROL \_\_\_\_\_ HEART ATTACK \_\_\_\_\_

PLEASE CHECK IF YOU HAVE OR HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS

	NO	YES	EXPLAIN
HIGH BLOOD PRESSURE	_____	_____	_____
DIABETES	_____	_____	_____
HYPOGLYCEMIA	_____	_____	_____
THYROID PROBLEMS	_____	_____	_____
STOMACH PROBLEMS	_____	_____	_____
HIATAL HERNIA	_____	_____	_____
ULCER (PEPTIC)	_____	_____	_____
BOWEL DISORDER	_____	_____	_____
KIDNEY PROBLEMS	_____	_____	_____
GALL BLADDER DISEASE	_____	_____	_____
LIVER DISEASE	_____	_____	_____
RESPIRATORY PROBLEMS	_____	_____	_____
COUGH (CHRONIC)	_____	_____	_____
SHORTNESS OF BREATH	_____	_____	_____
HEART PROBLEMS-SURGERY	_____	_____	_____
OTHER SURGERIES	_____	_____	_____
ANKLE SWELLING	_____	_____	_____
ANEMIA	_____	_____	_____
BLOOD DISORDERS	_____	_____	_____
VARICOSE VEINS	_____	_____	_____
CANCER	_____	_____	_____
EYE PROBLEMS	_____	_____	_____
HEARING PROBLEMS	_____	_____	_____
OTHER	_____	_____	_____

**FOR WOMEN ONLY:** ARE YOU PREGNANT? YES \_\_\_ NO \_\_\_ UNCERTAIN \_\_\_

DATE OF LAST MENSTRUAL PERIOD \_\_\_\_\_

HYSTERECTOMY YES \_\_\_ DATE OF PROCEDURE \_\_\_\_\_ NO \_\_\_

**TOBACCO:** CIGARETTES \_\_\_ PIPES \_\_\_ CIGARS \_\_\_ AMT/ DAY \_\_\_ YRS SMOKING \_\_\_

**ALCOHOLIC BEVERAGES:** DAILY \_\_\_ WEEKEND \_\_\_ NEVER \_\_\_

TYPE CONSUMED \_\_\_\_\_ AMOUNT \_\_\_\_\_ HOW LONG \_\_\_\_\_

**SUBSTANCE ABUSE:** CURRENT \_\_\_\_\_ PREVIOUS \_\_\_\_\_

SUBSTANCE ABUSED \_\_\_\_\_

**ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE OF PATIENT OR GUARDIAN \_\_\_\_\_