

Mountainview Medical Center

History and Physical Form

Name : _____ Birth Date _____

ALLERGIES-(PENICILLIN, LATEX, MEDICATIONS etc) None / Yes List-

Current Medications (include over the counter and herbal)

MEDICATION	Dose	Frequency	MEDICATION	Dose	Frequency
_____			_____		
_____			_____		
_____			_____		
_____			_____		

Social History- Do you use alcohol? How Long / How much _____

Do you use caffeine? How long/ How much _____

Smokeless Tobacco: ___ Yes ___ No How Much _____ How often _____

Smoking: ___ cigarettes ___ cigars ___ medical marijuana ___ E cigarettes/ vapor ___
___ current every day ___ some days ___ former smoker ___ never smoked ___

Marital Status: _____ do you have children Y / N ages _____

Occupation _____ Hobbies _____

Exercise _____

FAMILY HISTORY REVIEW: (please list Relationship)

Alcoholism _____ Cancer _____ Mental Illness _____

Arthritis _____ Diabetes _____ Reaction to anesthesia _____

Asthma _____ Heart Disease _____ Stroke _____

COPD _____ Bleeding Clotting Disorder _____ High Blood Pressure _____

Have you been diagnosed with any of the following: (If there is more info, please use back of this sheet)

AIDS/HIV	Y / N	Hepatitis	Y / N	Stomach Ulcers	Y / N
Anemia	Y / N	High Blood Pressure	Y / N	Spinal Cord Stimulator	Y / N
Asthma	Y / N	High Cholesterol	Y / N	Stroke	Y / N
Cancer	Y / N	Hypothyroidism	Y / N	Substance Abuse	Y / N
Congestive Heart Failure	Y / N	Insomnia	Y / N	Surgical Site Infection	Y / N
COPD	Y / N	Kidney Disease	Y / N	Tuberculosis	Y / N
Emphysema	Y / N	Obesity	Y / N	Urinary Tract Infection	Y / N
Coronary Artery Disease	Y / N	Osteoarthritis	Y / N	Women-Pregnant Now	Y / N
Deep Venous Thrombosis	Y / N	Osteoporosis	Y / N	Menopause	Y / N
Blood Clot	Y / N	Pacemaker	Y / N	Men- Enlarged Prostate	Y / N
Depression	Y / N	Peripheral Vascular Disease	Y / N		
Diabetes	Y / N	Psychiatric Illness	Y / N	Other	_____
Fibromyalgia	Y / N	Rheumatoid Arthritis	Y / N	Other	_____
Heart Arrhythmias	Y / N	Seizures	Y / N		
Heart Attack	Y / N	Sleep Apnea	Y / N		
Heart Stent	Y / N	Do you use a CPAP	Y / N		

