

United Community Health Center

Patient Health History

List previous medical diagnosis (diabetes, hypertension, heart disease, depression)

List previous surgeries, include approximate date of surgery

Family History:

- Is your father living? _____ Yes _____ No
- Does/did your father have any medical problems? (diabetes, cancer, heart disease)
- Is your mother living? _____ Yes _____ No
- Does/did your mother have any medical problems?
- How many siblings do you have? _____ boys _____ girls
- Do any of them have any medical problems?
- How many children do you have? _____ boys _____ girls
- Do any of them have medical problems?

Do you use tobacco? _____ Yes _____ No

- Type of tobacco:
- Amount per week:
- How long have you used tobacco?

List allergies and type of reaction

Current medication, dosage, and how often do you take it?

Immunizations:

ADULTS: Date of last tetanus: _____ Dates of last pneumonia vaccine: _____

Children: Please bring copy of immunization record

Advanced directives: Do you have advanced directives that specifies your healthcare wishes, in the event that you are unable to tell us? Please bring a copy with you.

Living will

Durable Power of Attorney

No, I don't have either