EXPEDIAN URGENT CARE

# Medical and Health History

Patient Name: ______________________ DOB: ____________

Main reason for today's visit: ______________________________

**List any major events, hospitalizations, or surgeries (and year):**

______________ ______________ ______________

**Ongoing medical problems:**

☐ High blood pressure ☐ High Cholesterol ☐ Diabetes ☐ Stroke ☐ Asthma ☐ COPD

☐ Cancer ☐ Seizure ☐ Thyroid ☐ Other: ______________________

**Family medical history:**

☐ Heart Disease ☐ Lung Disease ☐ Cancer/Leukemia ☐ High Blood Pressure

☐ High Cholesterol ☐ Stroke ☐ Alzheimer's ☐ Psychiatric

☐ Diabetes ☐ Other: ______________________________

**Social History:**

Tobacco Use: ☐ I DO NOT use ☐ I QUIT using ☐ I DO use tobacco: How Much? __________

Alcohol use: ☐ I DO NOT drink ☐ I QUIT drinking ☐ I DO drink alcohol: How Often? __________

Illicit Substances: ☐ I Do NOT use ☐ I USED TO use ☐ I DO use illicit substances: What Kind? ______

**Current Medications (Over-The-Counter AND/OR Prescription) Please List:**

______________ ______________ ______________

______________ ______________ ______________

**Do you have any of the following Allergies? Please circle and list below.**

Seasonal Food Latex Adhesives

Medication Allergies: ______________________________

**Immunizations:** ☐ Up to date Last Tetanus shot (if known): __________

I acknowledge that the information that I provided is accurate,

______________ ______________ ______________

Patient/Guardian Signature Printed Name Date