

FISCHER FAMILY MEDICINE P.A.

PATIENT HISTORY

NAME _____

ALLERGIES _____

MEDICAL HISTORY _____

PAST SURGICAL HISTORY _____

FAMILY HISTORY (AGE OF BIOLOGICAL PARENTS; IF DECEASED, AGE OF DEATH)
MEDICAL CONDITONS OF BIOLOGICAL PARENTS, i.e., (DM, HTN, HEART DISEASE)

TOBACCO HISTORY (HAVE YOU SMOKED MORE THAN 100 CIGARETTES?) _____

PAST ALCOHOL HISTORY, i.e., (1 – 3 DRINKS PER WEEK, 3 – 5 DRINKS PER WEEK,
5 – 7 DRINKS PER WEEK, 7 – 10 DRINKS PER WEEK) _____