Simona Moore CNP, LLC
Your Family Medical Home & Connection to Healthcare

Patient Name _____ D.O.B _____

This History form provides us with information to help us meet all our healthcare needs, please fill out completely. This is confidential to your medical record.

PLEASE CHECK ALL THAT APPLY CURRENTLY OR IN THE PAST

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding disorder
- ☐ Blood clots
- ☐ Cancer
- ☐ Coronary Artery Disease
- ☐ COPD
- ☐ Claustrophobic
- ☐ Diabetes-insulin
- ☐ Diabetes-non insulin
- ☐ Dialysis
- ☐ Diverticulitis
- ☐ Fibromyalgia
- ☐ Gallbladder
- ☐ Gout
- ☐ Pacemaker
- ☐ Heart Attack
- ☐ Heart Burn
- ☐ Heart Murmur
- ☐ Hiatal Hernia or Reflux Disease
- ☐ HIV or AIDS
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Thyroid Disease
- ☐ Kidney Disease
- ☐ Kidney stones
- ☐ Leg/foot ulcers
- ☐ Liver disease
- ☐ Osteoporosis
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Other _____

PREFERRED PHARMACY: _____

MEDICATIONS

Please list any current medications that you are taking (dosage, how many times a day) include OTC medications also.

ALLERGIES

Please list anything that you are allergic to (medication, foods, bee sting ect.)

	Reaction:
	Reaction:
	Reaction:

HABITS

Smoke Tobacco	Yes/No	Former/Current	Packs/Day

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Chew Tobacco	Yes/NO	Former/Current	Tin or Bags/Day
Drink Alcohol	Yes/NO	Former/Current	Cups/Day
Drink Caffeine	Yes/NO	Former/Current	Drinks/Day

When was your last?

Mammogram		Influenza	
PAP test (female)		Pneumonia	
Colonoscopy		Tetanus	
PSA test (male)		Shingles	
Cardiac Stress test			

Please check any of the following surgical procedures that you have had

☐ Adenoidectomy
☐ Appendectomy
☐ Cardiac Bypass surgery
☐ Cardiac stent placement
☐ Cardiac transplant
☐ Cataract surgery
☐ Gallbladder
☐
☐ Hip replacement R/L
☐ Hysterectomy
☐ Knee replacement R/L
☐ Pacemaker
☐ Splenectomy
☐ Tonsillectomy
☐ Ear tubes
☐ Hernia
☐ Nissen Fundoplication
☐ Other _____

How did you hear about our office?
Newspaper____ Internet _____ FB _____ Referral _____

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Family History:

Family Member	Status	Medical Problems
Father	Alive/Deceased	
Mother	Alive/Deceased	
Brother	Alive/Deceased	
Sister	Alive/Deceased	
Maternal Grandmother	Alive/Deceased	
Maternal Grandfather	Alive/Deceased	
Paternal Grandmother	Alive/Deceased	
Paternal Grandfather	Alive/Deceased	
Other	Alive/Deceased	