MEDICAL HISTORY AND SCREENING FORM

The purpose of preventive exams is to screen for potential health problems and provide education to promote optimal health. It is best practice for chronic health problems to be addressed by your community primary care provider. In keeping with these standards and to promote continuity of care, Sindecuse clinicians will not be providing evaluation or treatment for chronic conditions during preventive exams. Please complete the information below prior to the arriving for registration. Preventive exams will be rescheduled for patients without completed Medical History and Screening Forms.

General Information

Name: _____

Address: _____

Contact phone numbers: _____

Birth date: _____

Family Physician and/or Primary Health Care Provider:

Doctor/Other: _____ Phone: _____

Address: _____ City: _____

A copy of your visit/labs will be sent to your physician or primary health care provider.

Past Medical History

Check those questions to which you answer yes (leave the others blank) & comment below. Have you ever had or do you have any of the following health problems

- ☐ Substance Abuse:
  - ○ Alcohol
  - ○ Marijuana
  - ○ Other drugs
- ☐ Bleeding tendency
- ☐ Breast disease
  - ○ Cancer
  - ○ Breast
  - ○ Uterine
  - ○ Other
- ☐ Psychiatry
  - ○ Depression
  - ○ Anxiety
  - ○ Bipolar
  - ○ Eating disorder
- ☐ Diabetes
- ☐ High cholesterol
- ☐ Cardiac
  - ○ Heart murmur
  - ○ Heart attack
  - ○ High blood pressure
- ☐ Hepatitis
- ☐ Glaucoma
- ☐ Dental disease
- ☐ Neuro
  - ○ Migraine
  - ○ Stroke
  - ○ Seizure
  - ○ Other _____
- ☐ GI
  - ○ Jaundice
  - ○ Liver disease
  - ○ Gallbladder disease
  - ○ Gastritis/Ulcer disease
  - ○ Acid reflux
  - ○ Hemorrhoids
  - ○ Other _____
- ☐ Kidney
  - ○ Kidney infection
  - ○ Bladder infection
  - ○ Kidney stones
- ☐ Thyroid disorder
- ☐ Varicose veins
- ☐ Seizure disorder
- ☐ Lung
  - ○ Sleep apnea
  - ○ Asthma
  - ○ Chronic Obstructive Pulmonary Disease
  - ○ Tuberculosis
  - ○ Seasonal allergies
  - ○ Other
- ☐ Environmental allergies
- ☐ Blood clots
- ☐ Serious trauma
- ☐ Sexually transmitted infection
- ☐ Other

Comments: _____