

NEW PATIENT HEALTH HISTORY FORM

Thank you for taking the time to complete this New Patient Health History Form. This form will become part of your medical record. Please fill in the circle next to your answer or clearly print your answer when asked. You may use a pen or pencil to complete this form.

Today's date: / /

Patient's Name: _____ Date of birth: / /

Person completing this form: Patient _____
 Other: (indicate relationship to patient) _____

<p>Why have you come to the hospital today?</p> <p><input type="radio"/> Initial Consultation <input type="radio"/> Second Opinion <input type="radio"/> Transferring Care <input type="radio"/> Other:</p> <p>What is your medical reason for coming to the Hospital?</p>	<p>Who referred you here?</p> <p>_____</p> <p>Who is your family doctor?</p> <p>_____ Phone _____</p> <p>List any other doctors that you see:</p> <p>_____ Phone _____</p> <p>_____ Phone _____</p>
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Personal History

Please fill in the circle for all previous illnesses or conditions below:

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|---|--|--|--|
| <input type="radio"/> Anxiety/Depression | <input type="radio"/> Heart Attack/Disease | <input type="radio"/> Mental Health Problems | Other Health Problems:
<input style="width: 100%; height: 50px;" type="text"/> |
| <input type="radio"/> Arthritis | <input type="radio"/> High Blood Pressure | <input type="radio"/> Seizures | |
| <input type="radio"/> Bleeding Disorder | <input type="radio"/> History of Blood Clots | <input type="radio"/> Skin Problems | |
| <input type="radio"/> Bowel/Intestinal Problems | <input type="radio"/> HIV/AIDS | <input type="radio"/> Stomach Problems | |
| <input type="radio"/> Diabetes (high blood sugar) | <input type="radio"/> Kidney Problems | <input type="radio"/> Stroke | |
| <input type="radio"/> Glaucoma/Eye Problems | <input type="radio"/> Liver Disease | <input type="radio"/> Thyroid Disease | |
| <input type="radio"/> Hearing Problems | <input type="radio"/> Lung Problems | | |

Do you have a pacemaker or internal defibrillator? Yes No

Patient, please do not write in this space (For Clinical Notes)