

# TWIN LAKES MEDICAL ASSOCIATES, PC MEDICAL HISTORY FORM

TODAYS DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

PATIENT DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PREVIOUS PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHARMACY OF CHOICE \_\_\_\_\_ PHONE \_\_\_\_\_

MAIL ORDER PHARMACY ?    EXPRESS SCRIPTS    RIGHT SOURCE    HUMANA    CVS CAREMARK    OTHER

LIST MEDICATION ALLERGIES \_\_\_\_\_

PLEASE MARK ANY OF THE FOLLOWING YOU HAVE HAD IN THE PAST , OR ARE CURRENTLY BEING TREATED FOR.

- |                          |                         |                            |
|--------------------------|-------------------------|----------------------------|
| HYPERLIPIDEMIA           | DIABETES TYPE I TYPE II | ANXIETY/DEPRESSION         |
| HYPERTHYROIDISM          | KIDNEY DISEASE          | PSYCHIATRIC ILLNESS        |
| HYPOTHYROIDISM           | ASTHMA                  | BACK PAIN                  |
| HYPERTENSION             | CHRONIC BRONCHITIS      | EYE PROBLEMS               |
| CHEST PAIN               | EMPHYSEMA               | MUSCLE WEAKNESS            |
| CONGESTIVE HEART FAILURE | ALLERGIES               | LYMES DISEASE              |
| OTHER HEART DISEASE      | OTHER LUNG DISEASE      | SJOGRENS SYNDROME          |
| HIATAL HERNIA            | EXPOSURE TO TB          | LUPUS                      |
| LIVER DISEASE            | FAINTING                | VITAMIN D DEFFICIENCY      |
| STOMACH ULCERS           | MIGRAINE HEADACHES      | COPD                       |
| DISEASES OF THE COLON    | STROKE                  | IRON DEFICIENCY ANEMIA     |
| ALCOHOL ABUSE            | SEIZURES/EPILEPSY       | HEPATITIS C                |
| TOBACCO ABUSE            | HEAD INJURY             | HEPATITIS B                |
| IV DRUG USE              | RHEUMATOID ARTHRITIS    | GOUT                       |
| HIV POSITIVE             | OSTEO ARTHRITIS         | PREGNANCY / BREAST FEEDING |

ANY OTHER SERIOUS ILLNESS NOT LISTED ABOVE \_\_\_\_\_

PLEASE LIST ANY AND ALL MEDICATIONS YOU ARE CURRENTLY TAKING

<u>MEDICATION</u>	<u>DOSE</u>	<u>DAILY   WEEKLY   MONTHLY</u>

PATIENT SIGNATURE \_\_\_\_\_