

Patient Health History

| PATIENT INFORMATION | (CONFIDENTIAL) | Today's Date | |
|--|--|--|--|
| Name: | Date of Birth: | Age: | |
| Nickname: | Sex:Heigl | ht:Weight: | |
| Social Security #:Driver's License #/State: | | | |
| Address: | City: | State:Zip: | |
| Home Phone: | Work/Cell Phone: | E-mail: | |
| RESPONSIBLE PARTY | | | |
| Name of Responsible Party: | Re | elationship to Patient: | |
| Date of Birth:Drive | er's License #/State: | SSN: | |
| Address: | City: | State:Zip: | |
| Employer: | Home Phone: | Work/Cell Phone: | |
| MEDICAL HISTORY | | | |
| Have the patient ever had any of the York North Allergies to any drugs Any Hospital Stays Any Operations Heart Defects Asthma / Lung Problem Hepatitis / Liver problem Hepatitis / Liver problem Heart Murmurs Heart Murmurs Women Women Heart Murmurs Women Heart Murmurs Heart Murmurs Women Heart Murmurs Heart Mur | y Y D D D D D D D D D D D D | N □ Diabetes □ Seizures / Epilepsy □ Handicaps / Disabilities □ Cerebral Palsy □ Developmentally Delayed □ Rheumatic / Scarlet Fever □ Cancer □ Hearing Impairments □ Tuberculosis □ Phen-Fen Use present/past pregnant? | |
| Physician: | Phone Numbe | er: | |
| Is patient currently under the care of a physician: Yes No Date of Last Visit: | | | |
| Please describe the patient's current physical health: ExcellentGoodPoor | | | |
| Please list all medications that the patient is currently taking: | | | |
| The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the strictest of confidence and it is my responsibility to inform Dr. Amy Wong of any changes in my medical status at the earliest possible time. | | | |
| Signature: | | Date | |
| Reviewed by: | | | |