

# Patient History Form

Creekmore Clinic  
Samuel J. Creekmore, M.D.  
Timothy F. Thompson, M.D. R. Bradley Scott, D.O.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Visit \_\_\_\_\_  
\_\_\_\_\_

## Past Medical History

- Abnormal Weight Gain
- Abnormal Weight Loss
- Alcoholism
- Alzheimer's Disease
- Angina
- Anxiety Disorder
- Arthritis
- Asthma
- Auto Immune Disease
- Bronchitis
- Bruise Easily
- Cancer List Type \_\_\_\_\_
- \_\_\_\_\_
- Congestive Heart Failure
- Crohn's Disease
- Diabetes Mellitus (Type I) (Type II) (Unkn) - Circle One
- Diverticulitis of Colon
- Esophageal Reflux
- Free Bleeder
- Heart Palpitations
- Heart Attack (Previous Myocardial Infarction)
- Hepatitis (A B. or C) -- Circle One
- HIV/AIDS
- Hypertension
- Obesity
- Peptic Ulcer Disease
- Pneumonia Sickle Cell Anemia
- Seizures
- Sickle Cell Anemia
- Sleep Apnea
- Stroke (Cardiovascular Accidents)
- Ulcerative Colitis
- Vascular Disease

## Past Surgical History

- Adenoids
- Appendix
- Back Surgery
- Brain Surgery
- Breast Surgery
- Colon Surgery
- C-Section
- Gall Bladder
- Heart Surgery
- Hemorrhoids
- Hernia Operation
- Hysterectomy
- Lung Surgery
- Reflux Surgery
- Thyroid
- Tonsils
- Vascular Surgery

## Family History

- Breast Cancer \_\_\_\_\_
- Ovarian Cancer \_\_\_\_\_
- Colon Cancer \_\_\_\_\_
- Heart Attack \_\_\_\_\_
- Sickle Cell Anemia \_\_\_\_\_

Relation to Patient

## Medication Allergies

Medication \_\_\_\_\_ Reaction \_\_\_\_\_  
Medication \_\_\_\_\_ Reaction \_\_\_\_\_

## Habits

Smoking amount \_\_\_\_\_  
 Alcohol amount \_\_\_\_\_

## Reproductive History

Number of Pregnancies \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the above signed patients have answered these questions to the best of my knowledge.