GREENHAVEN Family Practice

Scarlett Lu D.O.

Medical History

Patient Information (This document is strictly confidential and will not be released without your authorization.)

Name (Last, First, MI): _____

DOB: _____ Birthplace: _____

Patient Medical History (check all that apply)

❑ AIDS.HIV	❑ Diabetes	❑ Kidney Disease
❑ Seasonal allergies	❑ Glaucoma	❑ Low Back Pain
❑ Anemia	❑ Heartburn	❑ Mental Retardation
❑ Arthritis	❑ Heart Attack	❑ Polio
❑ Asthma	❑ Heart Failure	❑ Schizophrenia
❑ Bipolar	❑ Heart Murmur	❑ Seizures
❑ Cancer	❑ Hepatitis B or C	❑ Stroke
❑ COPD	❑ High Blood Pressure	❑ Thyroid Disease
❑ Dementia	❑ High Cholesterol	❑ Tuberculosis
❑ Depression	❑ Infectious Mono	

Other Disease(s), Please list: _____

Date of last tetanus shot: _____

Previous Surgeries	Year	Hospital (city, state)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications (Please include prescription meds, non-prescription meds, vitamins, herbal medications, etc.)

Drug Allergies: ❑NKDA ❑ Penicillin ❑ Sulfa ❑ Codeine ❑ Others _____

Reaction_____

Social History

Status: ❑Single ❑Married ❑Separated ❑Divorced ❑Widowed

Alcohol: ❑Never ❑Frequency ❑Previously, but quit in _____

Tobacco: ❑Never ❑Previously, but quit in_____ ❑Current pack/day _____ for _____ yrs

Recreational Drugs: ❑Never ❑Previously, but quit in_____

Types of drugs/frequency_____

Current Occupation:_____

Family Medical History

	Medical Problems	If deceased age and cause of death
Father: _____	_____	_____
Mother: _____	_____	_____
Brothers: _____	_____	_____
Sisters: _____	_____	_____
Others: _____	_____	_____

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