



KU-Wichita CHC Internal Medicine

INTERNAL MEDICINE PATIENT HISTORY FORM

NAME _____ DOB _____ TODAY'S DATE _____

Why are you here today? _____

LIST YOUR ILLNESSES, HOSPITALIZATIONS, SURGERIES, AND INJURIES:

Date	Reason

LIST YOUR CURRENT MEDICATIONS AND SUPPLEMENTS:

Name of Medicine	Strength	Directions for use

ANY ALLERGIES (Medications, Food, Etc.)

IMMUNIZATION HISTORY:

Last Tetanus (Td or Tdap) _____ Last Influenza _____
 Have you received a Pneumonia vaccine? YES NO Have you received a Shingles vaccine? YES NO

FAMILY HISTORY:

Relationship	Age	Any Health Problems
Father		
Mother		
Sibling(s)		
Children		

Has any blood relative ever had?:

	YES	NO		YES	NO		YES	NO
Cancer	YES	NO	High Blood Pressure	YES	NO	Convulsions	YES	NO
Tuberculosis	YES	NO	Diabetes	YES	NO	Emotional Problems	YES	NO
Heart Trouble	YES	NO	Stroke	YES	NO	Substance Abuse	YES	NO
Gout/Arthritis	YES	NO	Bleeding Tendency	YES	NO			

SOCIAL HISTORY (Circle One):

Marital Status: SINGLE MARRIED SEPARATED DIVORCED WIDOWED
 Sexual Preference: MALE FEMALE BOTH
 Have you been sexually active in the last month? YES NO

How many people live in your household? _____ What form of transportation do you use? _____
 Employed outside of the home? YES NO What is your job title? _____
 Are you or have you ever been exposed to fumes, dusts, or solvents? YES NO

Do you use tobacco (cigarettes, cigars, pipe, chewing tobacco)? YES NO If no, previous use? YES NO
 Amount used (previous or current)? _____ Packs per day
 Do you use alcoholic beverages? YES NO Amount used? _____ Drinks per week _____
 Have you ever used any of the following? MARIJUANA _____ COCAINE _____ HEROIN _____ METHAMPHETAMINE _____
 OTHER IV DRUGS _____

