



KU-Wichita Midtown

NEW PATIENT/ANNUAL PATIENT HISTORY

Name: _____ **Date:** _____

Birthdate: _____ **Age:** _____ **Sex:** Male/Female/Transgender/Other (please circle)

Why are you here today? _____

Current Medications: (name, strength, and how often) _____

Medical History: _____

Screenings:

Last Mammogram: _____

Last dental visit: _____

Last Pap Smear: _____

Last eye exam: _____

Last Colonoscopy: _____

Diabetic foot exam: _____

Last DEXA (bone scan): _____

Last HIV test: _____

Last prostate exam: _____

Last Hep C check: _____

Allergies: (list reaction) _____

Surgical History: (Include date) _____

Hospitalizations: (Include date) _____

Family History:

Adopted: yes/no

Father's medical history: _____ living or deceased?

Mother's medical history: _____ living or deceased?

Family History *continued:*

Paternal (father's side) grandfather's medical history: _____
Grandmother: _____

Maternal (mother's side) grandfather's medical history: _____
Grandmother: _____

Siblings: how many brothers?____ How many sisters?____ Medical history: _____
Children (biological): how many boys?____ girls?____ Medical history: _____
Adopted/Foster/Step: boys?____ girls?____

Social History:

Tobacco Use:

Are you a current smoker? yes/no e-cigarette: yes/no, nicotine amount: _____
Former smoker: yes/no If yes, when did you quit? _____
How often do you smoke cigarettes? _____ Cigars? _____
How many cigarettes a day do you smoke? _____ Chew? yes/no How many cans/day? _____

Sexual History:

Have you had sex in the past 12 months (vaginal, oral, or anal)? yes/no
Sexual preference: women/men/both (men with men): top/bottom/versatile
Sexually transmitted disease history (STD's/STI's): _____

Drugs/Alcohol:

Have you used drugs other than those for medical reasons in the past 12 months? Yes/No
If yes, what type: _____ Route: nasal/oral/IV/other: _____
Drug use >1 year ago?: _____ Route: nasal/oral/IV/other: _____

Alcohol: Did you have a drink containing alcohol in the past year? Yes/No
If yes, how many drinks per day: _____ week: _____ month: _____

Household:

Household marital status: single/married/divorced/separated/partner/widowed
How many adults in household: _____ children: _____

Occupation: _____

Immunization history:

Influenza: _____
Pneumovax (pneumonia/PCV23): _____
Prevnar (pneumonia/PCV13): _____
TDAP/Td: _____
Hep A/B: _____
Gardasil (HPV): _____
Shingles (Zostavax): _____

REVIEW:

Signature _____

Date _____