

# STAR FAMILY MEDICINE MONICA MIHALACHE, MD

<b>INITIAL PATIENT HISTORY</b>	<b>NAME</b>
	<b>DOB/AGE:</b>
	<b>INFORMANT:</b>

**PAST MEDICAL HISTORY/DIAGNOSIS**


<b><u>SURGERIES/PROCEDURES</u></b>	<b><u>DATE</u></b>	<b><u>HOSPITALIZATIONS</u></b>	<b><u>DATE</u></b>
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____	4 _____	_____

<b><u>FAMILY MEDICAL HISTORY</u></b>	<b><u>MEDICATION ALLERGIES</u></b>	<b><u>REACTION</u></b>
<b>MOTHER:</b> _____	1 _____	_____
<b>FATHER:</b> _____	2 _____	_____
<b>SIBLINGS:</b> _____	3 _____	_____
<b>CHILDREN:</b> _____	4 _____	_____
<b>OTHER:</b> _____	5 _____	_____

**CURRENT MEDICATION, DOSAGES AND INSTRUCTIONS**

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

**SOCIAL HISTORY** CIRCLE ONE: SINGLE MARRIED SEPERATED DIVORCED WIDOWED SIGNIFICANT OTHER

WITH WHOM DO YOU LIVE? \_\_\_\_\_ RELIGIOUS PREFERENCE: \_\_\_\_\_

ARE YOU EMPLOYED? NO \_\_\_ PART TIME \_\_\_ FULL TIME \_\_\_ JOB TITLE: \_\_\_\_\_ DISABLED (REASON) \_\_\_\_\_

TOBACCO: NEVER SMOKED \_\_\_ QUIT \_\_\_ YEARS AGO #YEARS SMOKED \_\_\_ #PACKS PER DAY \_\_\_ OTHER FORM OF TOBACCO \_\_\_ DO YOU WANT TO QUIT? \_\_\_\_\_

ALCOHOL: NEVER \_\_\_ QUIT \_\_\_ YEARS AGO 1DRINK /MONTH \_\_\_ 1 DRINK/WEEK \_\_\_ 1 DRINK/DAY \_\_\_ OTHER \_\_\_ DO YOU WANT TO QUIT ? \_\_\_\_\_

RECREATIONAL DRUGS: NEVER \_\_\_ QUIT \_\_\_ YEARS AGO CURRENTLY USE \_\_\_ HISTORY OF IV DRUGS \_\_\_ TYPE \_\_\_\_\_ DO YOU WANT TO QUIT ? \_\_\_\_\_ DO YOU HAVE AN ADVANCED DIRECTIVE? \_\_\_ DO YOU WEAR A SEAT BELT? ALWAYS \_\_\_ SOMETIMES \_\_\_ NEVER \_\_\_

MOST RECENT VACCINES: TETANUS \_\_\_\_\_ (Date) PNEUMOVAX \_\_\_\_\_ (Date) FLU SHOT \_\_\_\_\_ (Date) TB TEST \_\_\_\_\_ (Date) **+OR-PATIENT/INFORMANT**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Physician Signature** \_\_\_\_\_