330 W Dow Street
Sheridan, WY 82801
Phone: 307672-0290
Fax: 307-672-0884

Patient Health History

Patient Name: Today's Date:

Reason for Todays Visit:

Primary Care Physician: Location:

Pharmacy Preference: Location:

We are required by the federal government to ask to following questions about preferred language, race, and ethnicity. Declining to answer will not change the treatment you receive in our office. If you do not specify we will assume your preferred language is English. ☐I Decline

Preferred Language:	Ethnicity: ☐Hispanic/Latino ☐Non-Hispanic
Race: ☐American Indian ☐ Asian ☐ Pacific Islander ☐ African American ☐White ☐Other	

Medication History

Do you take a daily aspirin? ☐ **No** ☐ **Yes**, Dose_______________

Please list all other medications and supplements you are currently taking:

Name of Medication	Dosage	How Often Taken

Are you allergic to any medications? ☐ **No** ☐ **Yes**, please list below:

Name of Medication	Type of Reaction

Surgeries & Hospitalizations

Have you or any of your family members had problems with anesthesia? ☐ **No** ☐ **Yes, please leave details:**

Please list any surgeries you've had including dates:

Please list any non-surgical hospitalizations including dates:

Immunizations & Preventative Care

Preventative care is an important part of your overall health. We are required by the federal government to ask to following questions about your preventative care. Declining to answer will not change the care provided to you in this office. ☐I Decline

Have you received a flu shot in the last 12 months? ☐ **No** ☐ **Yes** **Year** _______

Have you received screening for cervical cancer in the last 12 months? ☐ **No** ☐ **Yes** **Year** _______

Have you been screened for breast cancer in the last 12 months? ☐ **No** ☐ **Yes** **Year** _______

Have you ever been screened for colorectal cancer? ☐ **No** ☐ **Yes** **Year** _______

Signature:____________________________ **Date**: ___________ **Relationship to Patient**:_____________

FOR NURSE USE ONLY:

BP	Height	Weight	Temp	Resp	Pulse