

Innovative Healthcare Family Practice, 2616 Loy Lake Rd., Ste A, Sherman, TX 75090

HEALTH HISTORY

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| **NAME:** |       | **DATE OF BIRTH:** |       |
| **ARE YOU RECOVERING FROM A COLD OR FLU?** |       | **ARE YOU PREGNANT?** |       |

**REASON FOR OFFICE VISIT:**

**LIST CURRENT HEALTH PROBLEMS:**

**ALL CURRENT MEDICATIONS (PRESCRIPTION AND OVER THE COUNTER-IT IS IMPORTANT TO LIST THE STRENGTH (MG) AND HOW IT IS TAKEN (DOSING) ):**

**MEDICATION ALLERGIES:**

**MAJOR HOSPITALIZATIONS, SURGERIES, INJURIES, WITH DATES IF KNOWN:**

**FEMALE PATIENTS ONLY: GYN/OB:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LAST MENSTRUAL PERIOD:** |       | **MENOPAUSE?** | YES [ ]  | NO [ ]  | **HYSTERECTOMY?** | YES [ ]  | NO [ ]  |
| **LAST PAP SMEAR:** |       | **# OF PREGNANCIES:** |       | **# OF LIVING CHILDREN:** |       |