

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

HEALTH HISTORY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | |  | |