Stonebrook Family Medicine

New Patient Record

Name: _____ Sex: M F

Today's Date: _____

Date of Birth: _____/_____/_____

Medical Illnesses (Please list any chronic medical illnesses or conditions.)

_____ _____

_____ _____

_____ _____

Current Medications
(Prescriptions, over the counter, Herbal medication)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Surgeries
(please list the year)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Current Allergies or Sensitivities

List anything you are allergic to and describe how it affects you.

_____ _____

_____ _____

_____ _____

Are you: Single / Married / Separated / Divorced / Widowed

Children: Girls___ Boys___ **Work History:** Are you currently employed? □ Yes □ No □ Homemaker □ Ret □ Disabled

Present type of work/employer: _____

Personal Habits	**Never**	**Sometimes**	**Often**
Regular Exercise (3 to 4x wk)			
Wear Seat Belt			
Brush Teeth (twice daily)			
Sleep Well			
Eat Balanced Meals			
Happy with Life			
Feel Lonely			
Feel Anxious/Nervous			
Use Drugs			
Smoke Cigarettes / Cigars Chew Tobacco		Cigarettes per day_____ How many years_____	
Drink Alcohol		Frequency_____ Quantity_____ Type _____	

Family Medical History

Relative	Age	Health is Good	Poor	Deceased
Father	____	○	○	○
Mother	____	○	○	○
Brother	____	○	○	○
Sister	____	○	○	○
Spouse	____	○	○	○

Causes (s) of Death: _____
_____
_____

If you (P) or a member of your family, Father (F), Mother (M), Sibling (Sib), Spouse (S), or children (C), have had the Following illnesses or problems list the appropriate initials:

Allergies_____
Asthma_____
Eczema, Rashes_____
Thyroid Problems_____
Lung Problems_____
Heart Diseases_____
Heart Attack_____
Cholesterol Problem_____
High Blood Pressure_____
Blood Clots_____
Stomach/Intestinal Problems_____
Ulcer_____Crohn's_____
Liver Diseases_____
Kidney Problems_____
Diabetes_____
Cancer: Breast _____Colon_____
Prostate_____Other_____
Anemia or Blood Diseases_____
Mental Illness_____
Depression_____
Suicide Attempt_____
Alcohol/Drug Problem_____
Arthritis_____
Osteoporosis_____
Stroke_____
Alzheimer's_____
Other_____