PATIENT HISTORY
Freedom Primary Care, LLC

Name:	Email:
Address:	Phone:
City:	Gender:
State:	DOB:
Zip:	SSN:
Marital status:	Race:
Employer:	Occupation:
Insurance Carrier:	Card Submitted:

Guardian/Emergency Contact:

Name:	Phone:
Relation:	Email:

List Current Medications: prescribed, over-the-counter, supplements, vitamins

Immunizations: list dates when received

Hepatitis B:	Pneumonia:
HPV:	MMR:
Tetanus:	Varicella:

List Allergies to Medications, Latex, Dyes, Foods (Include reaction)

FREEDOM PRIMARY CARE

List Date of Last Prevention:

Pap smear:	Colonoscopy:
Mammogram:	Eye Exam:
Bone Density:	Physical Exam:
Flu Vaccine:	Dental Exam:

Lifestyle:

Tobacco: packs/day # years	Transportation:
Alcohol:	Sexually active: Men Women Both
Recreational drugs:	Birth Control:
Caffeine:	Sexually Transmitted Infections:
Diet:	Pain with intercourse?
Exercise:	Content with sex life?

Hospitalizations/Surgeries/Outpatient Procedures/Implants: Hospital/Physician, Reason, Year

Obstetric/Gynecological History:

Age: First Menses Menopause	Total Number of Pregnancies:
Regular Periods: Y N Painful Periods: Y N	Full term deliveries: Preterm deliveries:
PMS: Y N describe:	Miscarriages: Abortions:
Abnormal Pap:	Tubal:

FREEDOM PRIMARY CARE

Medical History: (circle any of the following conditions that you have ever had)

System							
ENT/Eyes	Ear Problems	Hearing Loss	Nose Problems	Sinus Problems	Throat Problems	Eye Problems	
Cardio-vascular	Abnormal EKG	Chest Pain	Heart Attack	High Blood Pressure	High Cholesterol	Stroke	Peripheral Vascular Disease
Pulmonary	Asthma	COPD	Sleep Apnea	Shortness of Breath	Lung Cancer		
Gastro-intestinal	Acid Reflux	Constipation Diarrhea	Ulcerative Colitis or Crohn's	Irritable Bowel Syndrome	Gallbladder or Liver Disease	Hernia	Colon Cancer
Genito-urinary	UTIs or Kidney Infection	Kidney Disease	Kidney Stones	Erectile Dysfunction	Sexually Transmitted Infections	Urinary Incontinence	
Musculo-skeletal	Osteo-Arthritis	Rheumatoid Arthritis	Gout	Neck or Spine Problems	Fractures	Osteoporosis	
Neuro-logical	Concussion	Headache	Migraines	Seizure/ Epilepsy	Dementia		
Hemato-logical	Anemia	Bleeding Disorder	Blood Clot	Cancer	Sickle Cell	Cancer	
Endocrine	Diabetes	Thyroid Disease	Pancreatitis	PCOs	Thyroid Cancer	Cushing's Syndrome	Addison's Disease
Dermato-logical	Eczema	Psoriasis	Melanoma	Basal Cell Cancer	Squamous Cell Cancer		
Psychiatric	ADD/ADHD	Anxiety	Depression	Suicidal Thoughts/ Attempts	Memory Loss	OCD	Substance Abuse
Other:							

FREEDOM PRIMARY CARE

Family History:

Illness	Father	Mother	Sibling	Child	MGM	MGF	PGM	PGF	Other
Heart disease									
High blood pressure									
High cholesterol									
Stroke									
Cancer (type)									
Diabetes									
Thyroid									
Kidney Disease									
Liver Disease									
Osteoporosis									
Rheumatoid Arthritis									
Asthma									
Bleeding									
Anxiety									
Depression									
Substance Abuse									
Alzheimer's									
Genetic conditions									
Other:									