Greensboro Medical Associates, PA

1511 Westover Terrace · Suite 108 · Greensboro, NC 27408

Name: _____ Age: _____ Date of Birth: _____

Past Medical History: (examples: diabetes, high blood pressure, hypercholesterolemia)
If None, Check Here: _____

1._____ 6._____ 11. _____
2._____ 7._____ 12. _____
3._____ 8._____ 13. _____
4._____ 9._____ 14. _____
5._____ 10._____ 15. _____

Current Medications and Dosage: (if more than two medications, bring them with you)
If None, Check Here: _____

1._____ 6._____ 11. _____
2._____ 7._____ 12. _____
3._____ 8._____ 13. _____
4._____ 9._____ 14. _____
5._____ 10._____ 15. _____

Allergies to Medications:_____

Hospitalizations/Surgeries: (such as appendectomy or tonsillectomy)
If None, Check Here: _____

1._____ 4._____ 7. _____
2._____ 5._____ 8. _____
3._____ 6._____ 9. _____

Family History: (check all that apply)
If None, Check Here: _____

Problem:	High Blood Pressure	Diabetes	Heart Attack (what age)	Cholesterol	Stroke (what age)	Cancer (type)	Deceased
Father							
Mother							
Brother							
Sister							
Maternal Grandmother							
Maternal Grandfather							
Paternal Grandmother							
Paternal Grandfather							

Social History: Tobacco: Packs Daily (circle): 0 ½ 1 1 ½ 2 2 ½ 3+
Recreational Drug Use (circle): Yes No Frequency per week of vigorous exercise: 0 1 2 3 4 5+
Alcohol Frequency (circle): none rare weekly daily Type: beer wine liquor Amount: 0 1 2 3 4 5+
Marital Status (circle): Single Married Separated Divorced Widowed Occupation:_____
Children (circle): Yes No If yes, age/name of children: _____
Do you: Examine your skin daily? Yes No Wear a seatbelt: Yes No
(Women) Perform monthly breast exams? Yes No (Men) Perform monthly testicular exams? Yes No

Review of Symptoms: Do you have any symptoms related to these areas?

	Yes	No		Yes	No		Yes	No
Eyes/Vision			Heart/Chest			Joints/Back		
Ears/Hearing			Nerves/Emotions			Last Menstrual Period		
Mouth/Nose/Throat			Skin/Rash			Stomach/Abdomen		
Lungs/Breathing			Legs/Arms			Groin/Genetils/Rectum		

Please explain any yes answer above: _____