K+STAT URGENT CARE **Adult Medical History**

Name: _____ Date: _____

REASON FOR TODAY'S VISIT: _____

PAST MEDICAL HISTORY

MEDICAL PROBLEMS (circle all that apply):

Hypertension (High Blood Pressure)		Heart Disease	Stroke	Depression
Diabetes	COPD	Asthma	Hypothyroid	Anxiety
Cancer: What kind_____		Recreational Drug Use	High Cholesterol	
Other: _____				

OPERATIONS: _____

CURRENT MEDICATIONS (include birth control pills, vitamins, ibuprofen, aspirin, Tylenol, and supplements):
_____

ALLERGY TO MEDICATIONS & REACTIONS: _____
_____

Allergy to other things: _____

IMMUNIZATIONS: Last Tetanus Vaccine (Tdap/Td) _____ Last Flu Vaccine _____

SOCIAL HISTORY

Marital Status: Married Single Widowed

Occupation: _____

Smoking: Yes (number of cigarettes per day _____) No (if former, quit date_____)

Alcohol: Yes No (if yes, number of drinks per week _____)

Other Drug Use: Yes No (if yes, what type of drug _____)

FAMILY HISTORY

Father: alive / deceased Major Medical Problems: _____

Mother: alive / deceased Major Medical Problems: _____

Siblings: alive / deceased Major Medical Problems: _____