Center Pointe
FAMILY MEDICINE

5410 Powers Center Pt. # 230
Colorado Springs, CO 80920
37 Widefield Blvd
Colorado Springs, Co 80911

Date of Service: _____

Medical History Sheet

Name: _____ Date of Birth: _____

Reason for today's visit: _____

Circle the following items that apply to you, your father (F), mother (M), or grandparent (G):

Medical/ Family History

	Circle One			Circle One	
Allergies	Self	F / M / G	Kidney disorder	Self	F / M / G
Asthma	Self	F / M / G	Prostate disorder	Self	F / M / G
Anemia	Self	F / M / G	Seizures	Self	F / M / G
Arthritis	Self	F / M / G	Skin Cancer	Self	F / M / G
Blood disorder	Self	F / M / G	Skin problems	Self	F / M / G
Cholesterol disorder	Self	F / M / G	Stomach/digestive disorder	Self	F / M / G
Depression	Self	F / M / G	Stroke	Self	F / M / G
Diabetes	Self	F / M / G	Thyroid problem	Self	F / M / G
Hearing problems	Self	F / M / G	Vision problems	Self	F / M / G
Heart disease	Self	F / M / G	Cancer (specify type)	Self	F / M / G
Heart murmur	Self	F / M / G	_____	Self	F / M / G
HIV/Hepatitis	Self	F / M / G	Other:	Self	F / M / G
Hypertension	Self	F / M / G	____	Self	F / M / G
Lung disease	Self	F / M / G	____	Self	F / M / G

Do you Smoke or use Tobacco? (circle one) Y N
If yes, how often and how much? _____

Do you consume alcohol? Y N
If yes, how often and how much? _____

Do you Exercise? Y N
How Often? _____

Surgical History

Please list all surgeries you have undergone:

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

Medications

Are you taking any prescription medications? Yes No (If yes list below)

Medication Name: Dose/Frequency:

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

Allergies

Do you have any drug allergies? Yes No If yes, list below:

_____

For Women Only

Are you currently taking Birth Control? Yes No
Number of pregnancies/births____/____

Date of last PAP smear / /
Date of last breast exam____/____/____

For Men & Women

Date of last colonoscopy____/____/____
Date of Last bone density____/____/____

Are your immunizations up to date? Yes No
Date of your last Tetanus?____/____/____