

Premier Health SC  
Medical Information Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Please check or circle any symptoms you have or have had:

**Gastrointestinal**

Abdominal Pain  
Blood in Stools  
Diverticulitis  
Hemorrhoids  
Heartburn  
Frequent Diarrhea  
Frequent Constipation  
Liver Disease

**Neurology**

Alzheimer's  
Epilepsy  
Headaches  
Multiple Sclerosis  
Seizures  
Tremor's  
Parkinson's

**Respiratory**

Asthma  
Bronchitis  
Chronic Coughing  
Emphysema  
Pneumonia

**ENDOCRINE**

Thyroid Condition  
What type \_\_\_\_\_  
Diabetes  
Prostrate Problems  
Swollen Ankles

**CARDIAC**

Palpitations Heart Attack  
Chest Pain Heart Failure  
Heart Attack Stroke  
High Cholesterol  
High Blood Pressure

**MUSCULOSKETETAL**

Arthritis  
Gout  
Osteoporosis

**RENAL**

Kidney Disease  
What type \_\_\_\_\_  
Frequent Urinary Tract Infections

**OTHER**

Cancer  
What type \_\_\_\_\_  
Glaucoma

Anemia  
Bleeding Disorders  
Depression

**SURGERIES IN THE PAST** (Please Circle)

Tonsillectomy	Appendectomy	Gallbladder	Carotid Endarterectomy
Varicose Veins	Heart Surgery	Back Surgery	Bypass in the Legs
Colon Surgery	Prostrate Surgery	Mastectomy	Eye Surgery
Hysterectomy	Tubal Ligation	Joint Replacement _____	
Other _____			

**MEDICATIONS**

**STRENGTH**

**DOSE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**LIST OF ALLERGIES AND REACTIONS** (SWELLING, MAUSEA, ETC.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**DO YOU SMOKE? YES/NO**

Daily amount \_\_\_\_\_

**DO YOU DRINK? YES/NO**

Weekly amount \_\_\_\_\_

**FAMILY HISTORY:** Medical illness such as diabetes, heart attack, TB, high blood pressure, Stroke cancer, Alzheimer's, Parkinson's, kidney disease, asthma, arthritis, gout

	<u>AGE</u>	<u>ILLNESS</u>
Father	_____	_____
Mother	_____	_____
Brother's	_____	_____
Sister's	_____	_____

Children	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>IF DECEASED AGE/CAUSE</u>
	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
	4.	_____	_____