## **Giving Medical Histories**

## **GOING TO A NEW DOCTOR**

**A** medical history is a detailed record of one's health. The receptionist at a doctor's office asks all new patients to complete a medical questionnaire before their exam. This information helps the doctor provide better care. Fill in the blanks on the "New Patient Form" below.



	NEW PATIENT FORM	
Name: Last Address City Birth Date	FirstPhone ( )	Date Employer  Female SS#
	Personal Medical History	
Sore throats Bronchitis Scarlet fever Polio Whooping cough Cancer Hernia Back injury Joint pain Numbness Paralysis Ulcers Eye disorders Skin disorders Liver disease (hepatitis)	Measles Chicken pox Mumps Allergies Nausea Gallstones Kidney disease Tuberculosis Diabetes Asthma Anemia High blood pressure Heart attacks Depression Severe headaches	Immunizations/Tests Yes No Poliomyelitis Smallpox Fuberculin Hepatitis MMR (Meastes/Mumps/Rubella)  Family History Yes No Fuberculosis Cancer Kidney disease Hypertension Heart disease Epilepsy (seizures) Neuro-muscular disease DPT (Diphtheria/Pertussis/Tetanus)
Allergies to medications: _ Surgeries: 1	Injuries:	
2	2. 3.	