

VIBRANCE INTERNAL MEDICINE/NEW PATIENT

Name: \_\_\_\_\_ MR# \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_ LMP \_\_\_\_\_

Referred By: \_\_\_\_\_

Medical History:	Previous Hospitalizations/Surgeries/Serious Injuries	When?
<b>Patient medical history:</b>		
Diabetes	No Yes	_____
Hypertension	No Yes	_____
Cancer	No Yes	_____
Stroke	No Yes	_____
Heart Trouble	No Yes	_____
Arthritis/gout	No Yes	_____
Convulsions	No Yes	_____
Bleeding Tendency	No Yes	_____
Acute Infections	No Yes	_____
Veneral disease	No Yes	_____
Hereditary defects	No Yes	_____
	Medications	_____

**Patient social history:**

Marital status: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
 Use of alcohol: \_\_\_\_\_ Never: \_\_\_\_\_ Rarely: \_\_\_\_\_ Moderate: \_\_\_\_\_ Daily: \_\_\_\_\_  
 Use of tobacco \_\_\_\_\_ Never: \_\_\_\_\_ Previously, but quit: \_\_\_\_\_ Current packs/day: \_\_\_\_\_  
 Use of drugs \_\_\_\_\_ Never: \_\_\_\_\_ Type/Frequency: \_\_\_\_\_  
 Excessive exposure at \_\_\_\_\_ Fumes: \_\_\_\_\_ Dust: \_\_\_\_\_ Solvents: \_\_\_\_\_ Air-borne \_\_\_\_\_  
 Home or work to: \_\_\_\_\_  
 Current Employment: \_\_\_\_\_  
 Exercise: \_\_\_\_\_  
 Diet: \_\_\_\_\_  
 How Often: \_\_\_\_\_  
 Type: \_\_\_\_\_

**Family medical history:**

Age \_\_\_\_\_ Diseases \_\_\_\_\_ If Deceased, Cause of Death \_\_\_\_\_

Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Siblings \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Children \_\_\_\_\_

**Health Care Maintenance:**

Last Pap: \_\_\_\_\_ Last Colonoscopy: \_\_\_\_\_ Last Bone Densitometry: \_\_\_\_\_  
 Last Labs: \_\_\_\_\_ Last PSA: \_\_\_\_\_ Last Stress Test: \_\_\_\_\_  
 Last Mammogram: \_\_\_\_\_

Patient/Responsible Party Signature: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_