Park Lakes
Family Medicine, P.A.
Aesthetics, Wound Care & Hyperbaric Medicine

Health History for NEW Patients

Your answers on this form will help your health care provider get an accurate history of your medical concerns and conditions. If you are a current patient there is a shorter update form you can use. Please fill in all five pages. If you cannot remember specific details, please provide your best guess. If you are uncomfortable with any question, do not answer it. Thank you!

Patient Name: _____

Main reason for today's visit: _____

Other concerns: _____

What are your health goals for the next year? _____

Where were you getting your care before? _____

In the past **2 weeks**, have you been bothered by: Little interest or pleasure in doing things? □ **No** □ **Yes**
Feeling down, depressed or hopeless? □ **No** □ **Yes**

REVIEW OF SYMPTOMS: Please mark the box and/or circle any persistent symptoms you have had in the past few months. Read through every section and check "no problems" if none of the symptoms apply to you. List other concerns above.

General	Ears/Nose/Throat
___ Unexplained weight loss / gain	___ Nosebleeds, trouble swallowing
___ Unexplained fatigue / weakness	___ Frequent sore throat, hoarseness
___ Fall asleep during day when sitting	___ Hearing loss / ringing in ears
___ Fever, chills	___ No problems
___ No problems	
	Cardiovascular
	___ Chest pain / discomfort
Gastrointestinal	___ Palpitations (fast or irregular heartbeat)
___ Heartburn / reflux / indigestion	___ No problems
___ Blood or change in bowel movement	
___ Constipation	**Skin**
___ No problems	___ New or change in mole
	___ Rash / itching
Respiratory	___ No problems Breast
___ Cough / wheeze	___ Breast lump / pain / nipple discharge
___ Loud snoring / altered breathing during sleep	___ No problems
___ Short of breath with exertion	
___ No problems	**Eyes**
	___ Change in vision / eye pain / redness
	___ No problems

Continue →

Park Lakes Family Medicine * 1305 W. Parkwood Ave. Friendswood, TX 77546 * (281) 996-0068 * Fx (281) 996-0186 * Online Form
This form and all of it's contents and design are solely owned by Park Lakes Family Medicine, P.A. The written contents on this form is confidential and not to be be seen and/or copied or used by any person(s) other than the appropriate Park Lakes Family Medicine staff members.
Visit us on Facebook at: parklakesfamilymedicine

Park Lakes
Family Medicine, P.A.
Aesthetics, Wound Care & Hyperbaric Medicine

Genitourinary	Musculoskeletal
___ Leaking urine	___ Neck pain
___ Blood in urine	___ Back pain
___ Nighttime urination or increased frequency	___ Muscle / joint pain
___ Discharge: penis or vagina	___ No problems
___ Concern with sexual function	
___ No problems	**Hematologic/Lymphatic**
	___ Easy bruising
Endocrine	___ No problems
___ Heat or cold sensitivity	
___ No problems	**Psychiatric**
	___ Anxiety / stress / irritability
Neurological	___ Sleep problem
___ Headache	___ Lack of concentration
___ Memory loss	___ No problems
___ Fainting	
___ Dizziness	**Allergic/Immune**
___ Numbness / tingling	___ Hay fever / allergies
___ Unsteady gait	___ Frequent infections
___ Frequent falls	___ No problems
___ No problems	
Women only	
___ PMS (bloating cramps, irritability)	
___ Problem with menstrual periods	
___ Hot flashes / night sweats	
___ No problems	

IMMUNIZATIONS: Check off any vaccinations you have had. Add year, if known. Check the box if you don't know the information. ☐

Tetanus ____ With Pertussis (Tdap)_____Varicella (Chicken Pox) shot *or* illness ____

Pneumovax (pneumonia) _____ Influenza (flu shot) _____ Hepatitis A _____

Hepatitis B_____ MMR_____ Meningitis _____Zostavax (shingles)_____ HPV _____

MEDICATIONS: Please list (or show us your own printed record) all prescriptions and non-prescription medications, vitamins, home remedies, birth control pills, herbs, inhalers, etc. Use the back of this form if you need more room and let us know you wrote there. ☐ **TAKE NO MEDICATIONS**

Medication Name	Dosage	Frequency	Medication Name	Dosage	Frequency

Park Lakes Family Medicine * 1305 W. Parkwood Ave. Friendswood, TX 77546 * (281) 996-0068 * Fx (281) 996-0186 * Online Form
This form and all of it's contents and design are solely owned by Park Lakes Family Medicine, P.A. The written contents on this form is confidential and not to be be seen and/or copied or used by any person(s) other than the appropriate Park Lakes Family Medicine staff members.
Visit us on Facebook at: parklakesfamilymedicine

Park Lakes
Family Medicine, P.A.
Aesthetics, Wound Care & Hyperbaric Medicine

Allergies or intolerance to medications (include type of reaction):

_____

_____ ☐ NONE

HEALTH MAINTENANCE SCREENING TESTS:

Lipid (cholesterol) Date _____ Abnormal? ☐ No ☐ Yes

Sigmoidoscopy or Colonoscopy (circle one) Date _____ Polyp? ☐ No ☐ Yes

Women only: Mammogram Date _____ Abnormal? ☐ No ☐ Yes

Pap Smear Date _____ Abnormal? ☐ No ☐ Yes

Bone Density Test Date _____ Abnormal? ☐ No ☐ Yes

PERSONAL MEDICALHISTORY: Do you have now (current) or have you had (past) any of the following conditions? ☐ **NONE**

Condition	Past	Current	Condition	Past	Current
Alcohol / Drug abuse	___	___	Gynecological Conditions (Endometriosis)	___	___
Allergy (Hay Fever)	___	___	Gynecological Conditions (Fibroids)	___	___
Anemia	___	___	Gynecological Conditions (Other)	___	___
Anxiety	___	___	Heart Attack	___	___
Arthritis (Rheumatoid)	___	___	Hepatitis – Other	___	___
Arthritis (Osteoarthritis)	___	___	Hepatitis – Type A	___	___
Asthma	___	___	Hepatitis – Type B	___	___
Bladder / Kidney Problems	___	___	Hepatitis – Type C	___	___
Blood Clot (leg)	___	___	High Blood Pressure	___	___
Blood Clot (lung)	___	___	High Cholesterol	___	___
Blood Transfusion	___	___	Hip Fracture	___	___
Breast Lump (benign)	___	___	Irritable Bowel Syndrome	___	___
Cancer Breast	___	___	Kidney Disease / Failure	___	___
Cancer Colon	___	___	Kidney Stones	___	___
Cancer Other Type	___	___	Liver Disease	___	___
Cancer Ovarian	___	___	Migraine Headaches	___	___
Cancer Prostate	___	___	Osteoporosis	___	___
Cataracts	___	___	Pneumonia	___	___
Chicken Pox	___	___	Prostate (enlargement)	___	___
Colon Polyp	___	___	Prostate (nodules)	___	___
Coronary Artery Disease	___	___	Seizure / Epilepsy	___	___
Depression	___	___	Skin Condition (Abnormal Moles)	___	___
Diabetes (adult onset)	___	___	Skin Condition (Eczema)	___	___
Diabetes (childhood onset)	___	___	Skin Condition (Psoriasis)	___	___
Diverticulosis	___	___	Sleep Apnea	___	___
Emphysema	___	___	Stomach Ulcer	___	___
Fractures (broken bones)	___	___	Stroke	___	___
Gallbladder Disease	___	___	Thyroid (Nodule)	___	___
GERD/Heartburn	___	___	Thyroid High (Overactive) / Hyperthyroidis	___	___
Glaucoma	___	___	Thyroid Low (Underactive) / Hypothyroidis	___	___
Gout	___	___	Other/List	___	___

Park Lakes Family Medicine * 1305 W. Parkwood Ave. Friendswood, TX 77546 * (281) 996-0068 * Fx (281) 996-0186 * Online Form

This form and all of it's contents and design are solely owned by Park Lakes Family Medicine, P.A. The written contents on this form is confidential and not to be be seen and/or copied or used by any person(s) other than the appropriate Park Lakes Family Medicine staff members.

Visit us on Facebook at: parklakesfamilymedicine

Park Lakes
Family Medicine, P.A.
Aesthetics, Wound Care & Hyperbaric Medicine

SURGICAL HISTORY – Please check off any procedure or surgeries. List any abnormal finding or complications. ☐ **NONE**

Surgery	Yes	Year	Comments
Abdominal Surgery	___	_____	
Appendectomy (appendix removal)	___	_____	
Back Surgery (lumbar)	___	_____	
Biopsy (location)	___	_____	
Breast Biopsy	___	_____	Circle: Right Left Both
Breast Surgery	___	_____	Circle: Right Left Both
Colonoscopy	___	_____	
Coronary Bypass	___	_____	
Coronary Stent	___	_____	
EGD (Stomach Endoscopy)	___	_____	
Cataract	___	_____	
Gallbladder Removal	___	_____	Circle: Laparoscopic
Heart Surgery (other than coronary bypass)	___	_____	
Hip Surgery	___	_____	Circle: Right Left Both
Hysterectomy (total, including ovaries)	___	_____	Circle: Laparoscopic Vaginal Abdominal
Hysterectomy (partial, ovaries left)	___	_____	Circle: Laparoscopic Vaginal Abdominal
Knee Surgery	___	_____	Circle: Right Left Both
LEEP (Cervix Surgery)	___	_____	
Neck Surgery	___	_____	
Ovary Ligation ("Tubal")	___	_____	
Ovary Removal	___	_____	Circle: Right Left Both
Vasectomy	___	_____	
Sigmoidscopy	___	_____	
Sinus Surgery	___	_____	
Other (list)	___	_____	

Park Lakes Family Medicine * 1305 W. Parkwood Ave. Friendswood, TX 77546 * (281) 996-0068 * Fx (281) 996-0186 * Online Form
This form and all of it's contents and design are solely owned by Park Lakes Family Medicine, P.A. The written contents on this form is confidential and not to be be seen and/or copied or used by any person(s) other than the appropriate Park Lakes Family Medicine staff members.
Visit us on Facebook at: parklakesfamilymedicine

Park Lakes
Family Medicine, P.A.
Aesthetics, Wound Care & Hyperbaric Medicine

Adopted – Yes No (Please Circle) If yes and you do not know your family history skip this section and continue to page 6 (Other Health Issues)

FAMILY HISTORY – Indicate which relative has had the following diseases (parents and siblings are most important).

Is Mother alive? □ No □ Yes/ If alive, current age____/ If deceased, age at time of death_____ /Cause of death_____.
Is Father alive? □ No □ Yes/ If alive, current age____/ If deceased, age at time of death_____ /Cause of death_____.

GP= Grandparents (Indicate whether on Mothers/Fathers side)

Disease	Mother	Father	Siblings	GP (M/F)
No significant history known				
Alcoholism / Drug abuse				
Alzheimers				
Asthma				
Autoimmune Disease				
Bleeding or Clotting Disorder				
Cancer Breast				
Cancer Colon				
Cancer Other Type				
Cancer Ovarian				
Cancer Prostate				
Colon Polyp				
Coronary Artery Disease (e.g. heart attack, angina)				
Depression / Suicide / Anxiety				
Diabetes (childhood onset)				
Diabetes (adult onset)				
Emphysema (COPD)				
Genetic Disorder (explain)				
Glaucoma				
Heart Disease (CHF)				
Heart Disease (Other)				
Hepatitis B or C				
High Blood Pressure - Hypertension				
High Cholesterol				
Hip Fracture				
Hypothyroidism / Thyroid Disease				
Kidney Disease				
Kidney Stones				
Macular Degeneration				
Migraine Headaches				
Osteoporosis				
Other (list)				

Park Lakes Family Medicine * 1305 W. Parkwood Ave. Friendswood, TX 77546 * (281) 996-0068 * Fx (281) 996-0186 * Online Form
This form and all of it's contents and design are solely owned by Park Lakes Family Medicine, P.A. The written contents on this form is confidential and not to be be seen and/or copied or used by any person(s) other than the appropriate Park Lakes Family Medicine staff members.
Visit us on Facebook at: parklakesfamilymedicine

OTHER HEALTH ISSUES:

Tobacco Use
Smoke cigarettes: □ Never □ No □ Yes (If you never smoked please go to alcohol use question now)
Quit date: _____ How many years did you smoke? ____
Approximately how many packs a day did you smoke?__
Current smoker: Packs/day: _____ # of years: _____
Other tobacco: □ Pipe □ Cigar □ Snuff □ Chew

Alcohol Use
Do you drink alcohol? □ No □ Yes
# of drinks/week: _____ □ Beer □ Wine □ Liquor

Drug Use
Do you use marijuana or recreational drugs? □ No □ Yes
Have you ever used needles to inject drugs? □ No □ Yes

Sexual Activity
Sexually involved currently: □ No □ Yes
Sexual partner(s) is/are/have been: □ male □ female
Birth control method (circle below all that apply):
□ None needed: Condom, pill, diaphragm, vasectomy, other _____

Exercise: Do you exercise regularly? □ Yes □ No
What kind of exercise?_____
_____
How long (minutes)? _____
How often? _____

Diet:
How would you rate your diet? □ Good □ Fair □ Poor
Would you like advice on your diet? □ No □ Yes

WOMEN'S HEALTH HISTORY:
Total number of pregnancies: _____ Number of births: _____
Date (month/day if known) of last menstrual period if you are still menstruating: _____
Age at beginning of periods (menstruation): _____
Age at end of periods (menopause): _____

Thank-you for taking the time to fill this out.

Park Lakes Family Medicine * 1305 W. Parkwood Ave. Friendswood, TX 77546 * (281) 996-0068 * Fx (281) 996-0186 * Online Form
This form and all of it's contents and design are solely owned by Park Lakes Family Medicine, P.A. The written contents on this form is confidential and not to be be seen and/or copied or used by any person(s) other than the appropriate Park Lakes Family Medicine staff members.