

Preventative (have you ever had any of these tests, and when was the testing done

	Colonoscopy	Bone Density	Mammo	PAP	PSA	Eye Exam	Foot Exam (diabetic)	Rectal Exam
Date								
Normal								
Abnormal								
Due Date								
Where ?								

Surgical History and Dates:

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Occupation: Employed o Unemployed o Retired o Homemaker o Disabled o Student o If employed what is your type of work? \_\_\_\_\_

Are you sexually Active? Yes o Noo Multiple Partners Birth control o Condoms o Other \_\_\_\_\_  
 Number of children \_\_\_\_\_ Number who are male \_\_\_\_\_ Number who are female \_\_\_\_\_

Activity Status: Athletic o Active/Fito Occasionally/Rarelyo Never o Ideal body weight for you \_\_\_\_\_

Tobacco Products/Nicotine: Cigarettes o Cigars o Smokeless/Chew o E-cigarette/ Vape o Noneo  
 Currently usea How many per day \_\_\_\_\_ How many years smoked \_\_\_\_\_ Quito Quit Date \_\_\_\_\_

Alcohol Use: Daily Weekly o Socially o Rarely o Beer o Wine o Hard Alcoholo None o

Caffeinated Products: Coffeoo # /day Tean #/day Soda Popo it/day Energy Drinko it/day \_\_\_\_\_

Illegal Drugs: Marijuanao Methamphetamines o Cocaineo Other \_\_\_\_\_ Noneo

Experimented with o Currently Usea Quit o When did you quit \_\_\_\_\_ Rehabilitation o Self Recovery o

Mental Health: \_\_\_ N/Ao Depression o Anger Problems o Bipolar o Cutting o Other \_\_\_\_\_

Not treated o Treated o If treated, Dr. name \_\_\_\_\_

Communicable Diseases: NAO Measles o Mumps o HIV/AIDS o Hepatitis o A o Bo Co

Other \_\_\_\_\_

Code Status: Full Code- all lifesaving measures o DNR-Do not resuscitates o I would like to talk to the doctor about this o

Which pharmacy do you use? \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_