the Family Doctors
West Jefferson Medical Center

Patient Health Information

Date:
Patient Name:
Date of Birth:
Social Security #

Current Medications	Strength	Directions
None		

Drug Allergies
None

Exercise
Type of Exercise
How often done:

Childhood Diseases
- None
- Measles
- Mumps
- Rubella
- Other
- Chicken Pox
- Rheumatic Fever
- Scarlet Fever

Personal Information
Marital Status:
Occupation:
Level of Education:
How many dependents?

Alcohol Use
- None
- Beer can(s)/day for years
- Wine drink(s)/day for years
- Liquor drink(s)/day for years
- Quit - Date

Family History
- Father Deceased - Cause of Death:
- Mother Deceased - Case of Death:

	Father	Mother	Brother(s)	Sister(s)
Heart Disease				
High Blood Pressure				
Stroke				
Cancer				
Diabetes				
Epilepsy/Convulsions				
Bleeding Disorder				
Kidney Disorder				
Thyroid Disorder				
Mental Illness				

History of Drug Use
- None — Please list drugs used and date stopped

	Quit	
	Quit	
	Quit	
	Quit	

Tobacco Use
- None
- Cigarettes pack(s)/day for years — Quit Date
- Cigars a day for years — Quit Date
- Pipes bowl(s) day for years — Quit Date
- Chew Tobacco can(s)/day for years — Quit Date

Abuse Assessment Questions:
1. Are you in a situation or relationship that causes fear, pain or injury? Yes No
2. Do you need information on where to get help if you are being abused? Yes No

Spiritual Assessment Questions:
Do you have any spiritual beliefs that will influence your treatment at this facility? Yes No

Fall Risk Assessment:
1. Have you had any falls in the last 6 months? Yes No
2. Have you started any new medications? Yes No
3. Are you experiencing any dizziness, lightheadedness or weak spells now? Yes No
4. Do you use an ambulatory aid such as a walker, cane or wheelchair? Yes No
5. Medication that increases the risk of falling?

Learning & Needs Assessment Questions:

Communication Barriers:
- Visually Impaired
- Speech Impaired
- Primary Language other than English
- Hearing Impaired
- Literacy Impaired

Learns Best By:
- Reading
- Doing
- Frequent Repetition
- Discussion
- Demonstration