East Jordan
Family Health Center
601 Bridge Street
East Jordan, MI 49727
(231) 536-2206
Fax: (231) 536-7150

Bellaire
Family Health Center
307 E. Cayuga Street
Bellaire, MI 49615
(231) 533-8649
Fax: (231) 533-6778

Central Lake
Family Health Center
7960 W. Old State Street
Central Lake, MI 49622
(231) 544-3700
Fax: (231) 544-6987

Adult New Patient Medical History

Thank you for helping us better meet your needs by providing us with your medical information.

Name _____ Birthdate _____ Today's Date _____

1) What medical needs do you have today? _____
_____

2) What medications and dose, if known, do you take regularly? Include herbs and over-the-counter medicines.
   1. _____ 5. _____
   2. _____ 6. _____
   3. _____ 7. _____
   4. _____ 8. _____

FAMILY HISTORY:

Mother's Name: _____Age ____Health Problems _____ Occupation_____
Father's Name: _____Age ____ Health Problems _____ Occupation _____
Brother: _____Age ____Health Problems _____
Brother: _____Age ____Health Problems _____
Sister: _____Age ____Health Problems _____
Sister: _____Age ____Health Problems _____

3) List any medication allergies _____
4) List any chronic (long-term) medical problems _____
_____
5) List any surgeries you have had and date (year)_____
_____
6) Have you been hospitalized for anything else? If so, please list with date (year)
_____
_____
7) When was your last: (insert date or circle "never")

Complete Physical	_____	never	Cholesterol Test	_____	never
Mammogram	_____	never	Stool Check for Blood	_____	never
Tetanus Shot	_____	never	Sigmoidoscopy/Colonoscopy	_____	never
Pneumovax	_____	never			

8) Your occupation and employer_____
9) Marital Status: Single _____ Married _____ Widowed_____ Divorced _____
10) Do you smoke cigarettes? Yes No Do you chew tobacco? Yes No
    If yes, how much?_____ For how many years? _____
11) Do you drink alcohol? Yes No If yes, how much?_____ For how many years? _____
12) Do you have an Advance Directive (similar to "living will") or a designated Durable Power of Attorney for Health Care? Yes No

Signature _____ Relationship to patient (self or other) _____