Medical Associates of Northern New Mexico
Patient Personal History

Confidential Record: Information contained will not be released except when you authorize us to do so

MR#_____

Name:_____ _____ **Date**_____
Last **First** **MI** **Nickname**

My last complete physical exam was done in (year)_____ by _____

Family History:

Family History	Year of Birth	Illnesses	Age at Death	Cause of Death
Father				
Mother				
Brothers/Sisters				
#1 M or F				
#2 M or F				
#3 M or F				
#4 M or F				
#5 M or F				
Children				
#1 M or F				
#2 M or F				
#3 M or F				
#4 M or F				
#5 M or F				

❑ **More siblings/children listed on attached sheet**

Check if you or any *close blood relatives* (other than those mentioned above) have or had any of the following:

- ❑ Heart disease
- ❑ Stroke
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Diabetes
- ❑ Cancer/tumor
- ❑ Unusual bleeding after surgery or dental work
- ❑ Asthma
- ❑ Stomach or intestinal problems
- ❑ Thyroid disease
- ❑ Epilepsy
- ❑ Depression/Nervous breakdown
- ❑ Alcoholism
- ❑ Migraine headaches
- ❑ Arthritis
- ❑ Kidney disease
- ❑ HIV Infection

Past Medical History:
Surgeries/Hospitalizations (women exclude normal deliveries):_____
_____
_____

List any other serious illnesses or injuries you have had:_____
_____
_____

Patient Personal History (cont'd)

Prescription Medications Over-the-counter Drugs Herbal Preparations	Dose or Strength	How often do you take this medication?	How long have you been taking this medication?	What do you take this medication for?

- ❑ **More medications listed on attached sheet**

Medication allergies:_____

Potential areas for stress:
Where do you work?_____ What is your occupation?_____
Who lives in your household?_____
Any marital problems?_____
Any financial problems?_____
Does anyone in your household have drug or alcohol problems?_____
What are your biggest life stressors at this time?_____

Recreation:
What do you do for recreation/relaxation?_____

Habits/Risk Factors:

Tobacco use: ❑ Age started_____ Age stopped____ ❑ Cigarettes____ Cigars____ Pipe____ ❑ Smokeless tobacco/snuff o How long _____	Coffee/Tea ❑ Cups per day_____ ❑ Caffeinated ❑ Decaffeinated
Alcohol use: ❑ None ❑ Seldom ❑ Regularly ❑ Occasionally excessive ❑ Have sought help	Drug use: ❑ None ❑ Seldom ❑ Regularly ❑ Occasionally excessive ❑ Have sought help
Sexuality: ❑ Heterosexual (straight) ❑ Homosexual (gay) ❑ Bisexual (both)	Sexuality: ❑ Multiple sexual partners in last year ❑ Sexual partners who had Hepatitis B, were intravenous drug users or prostitutes
Safety: ❑ Use seat belts in vehicles ❑ Smoke detectors in home ❑ Carbon monoxide detectors in home	Exercise: ❑ Exercise regularly ❑ _____ times per week

Patient Name_____ **Date of Birth**_____

Habits/ Risk Factors (cont'd)

Work History: ❑ History of working in mines ❑ Current or past exposure to a lot of dust, asbestos or chemicals	

REVIEW OF SYSTEMS: Please check any condition you are experiencing or have experienced.

Constitutional: ❑ Unexplained weight loss ❑ Change in appetite ❑ Sleeping difficulty ❑ Fevers/sweats ❑ Loss of energy	Genito-urinary (GU) ❑ Burning or pain with urination ❑ Increased frequency of urination ❑ How often do you get up at night to urinate?____times ❑ Unable to control bladder ❑ Blood in urine ❑ Unable to start stream or weak stream ❑ Any venereal/sexually transmitted disease ❑ Kidney stones
Skin: ❑ Rashes or changes in color ❑ Persistent itching ❑ Moles that have changed ❑ Bruise easily	Musculo-skeletal: ❑ Pain in bones or joints ❑ Muscle pain ❑ Joints that swell ❑ Phlebitis or inflamed leg veins
Eyes: ❑ Loss of vision ❑ Blurring or double vision ❑ Eye pain	Endocrine: ❑ Thyroid problems
Ears, Nose, Throat (ENT): ❑ Hearing loss ❑ Ringing in ears ❑ Ear pain ❑ Frequent nosebleeds ❑ Sinus trouble ❑ Constant nasal congestion or runniness ❑ Persistent sore throat ❑ Voice changes or hoarseness ❑ Trouble swallowing ❑ Bleeding gums	Gastrointestinal (GI): ❑ Nausea/vomiting ❑ Vomited blood or "coffee ground" material ❑ Heartburn or indigestion ❑ Abdominal Pain ❑ Constipation or diarrhea ❑ Bloody or black bowel movement ❑ Changes in bowel movements ❑ Pain during or after bowel movement ❑ Yellow jaundice ❑ Hemorrhoids
Respiratory: ❑ Chronic cough ❑ Wheezing ❑ Blood in sputum/phlegm ❑ Exposure to TB ❑ Positive TB test ❑ Shortness of breath o Doing your usual work o Climbing a flight of stairs o Awakens you at night o Causes you to cough o Accompanied by wheezing	Cardiovascular: ❑ Pain, tightness or heaviness in your chest o When exerting yourself o When upset or excited o Radiates down the arm o Disappears if you rest ❑ Rapid, slow or irregular pulse ❑ Sleep on more than one pillow ❑ Rheumatic fever/heart murmur ❑ Calf pain when walking ❑ Ankle swelling

Neurologic:	Emotional:
❑ Dizzy spells ❑ Recurrent headaches ❑ Memory loss ❑ Seizures or convulsions ❑ Blindness of one eye ❑ Weakness in any part of your body ❑ Numbness in any part of your body	❑ Feel nervous often ❑ Feel "down in the dumps" often ❑ Worry a lot ❑ Loss of interests ❑ Loss of energy or ambition ❑ Considered suicide ❑ Rate sex life Poor 1 2 3 4 5 Excellent
Men: ❑ Diminished sexual activity ❑ Discharge from penis ❑ Hernia ❑ Prostate trouble	Women: ❑ Last period _____ ❑ Last Pap smear_____ ❑ Last mammogram_____ ❑ Diminished sexual activity ❑ Bleeding after intercourse ❑ Pain with intercourse ❑ Difficulties with periods ❑ Recent vaginal discharge ❑ Current method of birth control_____ ❑ Number of pregnancies_____ ❑ Number of miscarriages_____ ❑ Number of live births_____ ❑ Bleeding after menopause ❑ Hot flashes ❑ Breast lump ❑ Breast pain

Preventive Medicine

Immunizations:	Screening Exams:
I had my last vaccine in (please enter year): ❑ Tetanus _____ ❑ Pneumonia _____ ❑ Hepatitis A_____ ❑ Hepatitis B_____	I had the following screening exams in (please enter year): ❑ Bone density _____ ❑ Colonoscopy/colon cancer screening _____ ❑ Prostate cancer screening (Males only) _____ ❑ Dental exam_____

Describe briefly your present medical problems and symptoms:

_____
_____
_____
_____
_____
_____
_____

_____ _____

Patient's Signature **Date**

11/17/2010