



Patient Name: _____

Date of Birth: _____

Today's Date: _____

220 S. Palisade Dr., Suite 104

Santa Maria, Ca 93454

REFERRAL : Who referred you to our office?

PARENTS: What are your parent's names? (Please also note who you live with if not both parents)

CHIEF COMPLAINT: Please describe the purpose of your visit today:

MEDICAL HISTORY: Please list any diseases or medical conditions you have:

PAST SURGERIES: Please list any surgeries you have had with approximate dates performed:

ALLERGIES: Please list any allergies you have to medications, adhesives, or other:

MEDICATIONS: Please list the medications and strengths you are currently taking:

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ACCIDENTS: Please list any serious type injuries you have had with the approximate age of occurrence:

SOCIAL HISTORY:

If you are employed, what type of work do you do? _____

Do you smoke? _____ Never _____ Quit (_____ What Year & _____ Packs per day for _____ Years)
_____ Current Smoker (_____ Packs per day _____ Years) Smokeless Tobacco? Yes or No

Do you drink alcohol? _____ Never _____ Occasionally _____ Daily (_____ How many?)
_____ Drinks per week

Do you play sports? Yes or No If yes, what sports? _____

What are your hobbies? _____

Diet? _____ No Restrictions _____ Low Salt _____ Low Cholesterol _____ Low Fat _____ Gluten Free

FAMILY HISTORY : Please check any of the following if it runs in your family:

_____ Allergies _____ Cancer (_____ What type?) _____ Diabetes _____ Heart Disease
_____ Stroke _____ Tuberculosis

Please tell us about your family:

Father: _____ Alive _____ Deceased _____ Age Medical Conditions: _____

Mother: _____ Alive _____ Deceased _____ Age Medical Conditions: _____

Brother / Sister: _____ Alive _____ Deceased _____ Age Medical Conditions: _____

Brother / Sister: _____ Alive _____ Deceased _____ Age Medical Conditions: _____

Thanks again for your time! We understand that you have a choice in your health care and appreciate that you have chosen our practice to serve you. If you have any suggestions as to how we could do this better, please do not hesitate to let the doctors or staff members know.