

# Free Clinic – H&P

**Name** \_\_\_\_\_ **Date of Birth** (mm/dd/yyyy) \_\_\_\_\_ **Date** \_\_\_\_\_

## Pharmacy Allergies

**Pharmacy preference** \_\_\_\_\_ **Allergies**  No Known Food or Drug Allergies

## Medications

**Name** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Reason for taking** \_\_\_\_\_

## Medical History

## Surgical History

## Family History

My **mother** is  Living  Deceased  
If deceased, cause of death?  
 Heart Disease, what age?  
 Cancer, what kind and what age?  
 Diabetes  High blood pressure  High cholesterol  
 Other:

My **father** is  Living  Deceased  
If deceased, cause of death?  
 Heart Disease, what age?  
 Cancer, what kind and what age?  
 Diabetes  High blood pressure  High cholesterol  
 Other:

**Other:**

## Social History

### Smoking Status

Never Smoker  Former Smoker, age start to stop?  
 Current Smoker, Age started? How many PPD?

**Occupation:** \_\_\_\_\_ Currently Employed  Yes  No

**Able to care for self:**  Yes  No

**Exercise:**  None  Occasional  Moderate  Heavy

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_