

	al Medicine Primary Care Hillcreek Drive—Augusta, C			
Name:	D' de			
Date of	Birth::	1		
Address	•			
Phone:	Home	Work	Emergency	
CHRO	ONIC HEALTH PROBLEM	<b>IS</b>	DETAILS	
	□ None □ High Blood Pressure □ Diabetes □ Coronary Artery Disease (Heart/blood vessel blockage, heart attacks) □ High Cholesterol □ Heart Failure/CHF □ Kidney Disease □ Cancer □ Stroke □ Thyroid Problems □ Asthma/Emphysema □ HIV Disease □ Other			
SURG	ERY		DETAILS	
	□ None □ Tonsils/Adenoids □ Appendix			
	<ul> <li>□ Gallbladder</li> <li>□ Tubal Ligation</li> <li>□ Hysterectomy</li> <li>□ Ovaries</li> <li>□ Heart</li> <li>□ Orthopedic</li> <li>□ Blood Vessels of Legs</li> <li>□ Other</li> </ul>			
FAMI	<ul> <li>□ Tubal Ligation</li> <li>□ Hysterectomy</li> <li>□ Ovaries</li> <li>□ Heart</li> <li>□ Orthopedic</li> <li>□ Blood Vessels of Legs</li> </ul>		DETAILS	



## **MEDICATIONS (Including over the counter)**

Name		How Much?	How often?
3.00			
ALLERGIES TO ME	DICATIONS Reaction	None	
vame	Keaction		
-	1,200 , 1,00		
	do?		
Sexual Health Problems _ What kind?	None Yes		
Tobacco Use? None What kind?	Quit	Current How much?	
Alcohol Use?None What kind?	Quit	Current How often?	
Illegal Drugs?None What kind?	Quit	Current How often?	
ExerciseNone What kind?	Current	How long?	100