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TODAY'S DATE	NAME	DATE OF BIRTH	AGE	PLACE OF BIRTH	MARITAL	SPOUSE OR EMERGENCY CONTACT
OCCUPATION	PREVIOUS OCCUPATION	ALLERGIES (MEDICATION)				
DESCRIBE ANY PRESENT SYMPTOMS OR ILLNESSES						
HAS ANY BLOOD RELATIVE EVER BEEN DIAGNOSED WITH: (CIRCLE IF APPLICABLE) CANCER TUBERCULOSIS DIABETES HEART TROUBLE HIGH BLOOD PRESSURE STROKE EPILEPSY PSYCHOLOGICAL DISORDERS						
FAMILY HISTORY	--- IF LIVING --- AGE HEALTH	--- IF DECEASED --- AGE DECEASED	LIST ANY SURGICAL PROCEDURES YOU HAVE HAD			
FATHER			LIST ANY MEDICATION TAKEN ON A REGULAR BASIS			
MOTHER						
BROTHER/SISTER						
SPOUSE						
CHILDREN			HAVE YOU EVER BEEN HOSPITALIZED: ___ NO ___ YES (IF YES, WHY)			
			PERSONAL INJURIES: (CIRCLE IF APPLICABLE) BROKEN BONES SPRAINS LACERATIONS JOINT DAMAGE CONCUSSION HEAD INJURY			
HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING: (CIRCLE IF APPLICABLE) DIABETES PNEUMONIA CANCER DIPHTHERIA TUBERCULOSIS SCARLET FEVER SMALL POX RHEUMATIC FEVER NERVOUS BREAKDOWN EPILEPSY URINARY DISORDERS HIV POSITIVE KIDNEY DISEASE OR STONES JOINT DISORDERS POLIO SPINAL DISORDERS MENINGITIS HEART DISEASE VENEREAL DISEASE ANEMIA ASTHMA ULCERS ENLARGED THYROID OR GOITER PULMONARY DISEASE PSYCHOLOGICAL DISORDERS						
HAVE YOU EVER HAD: (CIRCLE IF APPLICABLE) HEMORRHOIDS NIGHT SWEATS REGULAR CONSTIPATION REGULAR DIARRHEA FAINTING SPELLS CONVULSIONS SKIN DISEASES FREQUENT COUGH FREQUENT CHEST PAINS SHORTNESS OF BREATH ABNORMAL THIRST RECTAL BLEEDING JAUNDICE						
HAVE YOU HAD TROUBLE WITH: ___ FREQUENT OR SEVERE HEADACHES ___ NOSE, SINUSES, THROAT ___ SWELLING OF EXTREMITIES ___ UNACCOUNTED WEIGHT LOSS ___ DIFFICULTY IN URINATING ___ HIGH BLOOD PRESSURE						
DO YOU EXERCISE REGULARLY: ___ NO ___ YES (IF YES, HOW AND HOW OFTEN?)						
ALCOHOLIC BEVERAGES: ___ NEVER ___ MODERATE ___ DAILY HAVE YOU EVER BEEN TREATED FOR DRUG OR ALCOHOL ADDICTION ___ YES ___ NO						
TOBACCO ___ PACKS PER DAY OTHER FORMS:						
WOMEN ONLY						
MENSTRUAL HISTORY AGE AT ONSET: _____ REGULAR Y N CYCLE DAYS _____ USUAL DURATION _____ DAYS PAIN/CRAMPS Y N HAVE YOU HAD ANY PROBLEM WITH PREGNANCIES OR DELIVERY Y N						