



ADULT HEALTH HISTORY

Patient Label _____ **NOTE: This form provides information about your healthcare history, is confidential, and part of your medical record. If you do not understand a question or word, please ask for assistance.**

Your Primary Care Provider: _____
 (If Applicable) **Your Medicare eligibility date** _____ (This Medicare Wellness Patient History form must be completed within first 12 months of part B eligibility and reviewed/updated at each annual Wellness Visit.)

PERSONAL/SOCIAL HISTORY

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Significant Other _____
of Children at Home: _____ **Physical Activities:** _____
Are you on a special diet? No Yes Describe: _____
Occupation: _____ **Contraceptive Method Used:** _____
Use of Alcohol: Never Socially Drinks/Week: _____ **Use of street drugs:** Never Type/Frequency _____
Use of Tobacco: Never Previously, but quit Packs/Day: _____ Do you use smokeless tobacco? _____
List any allergies and types of reaction: _____
Have you ever had surgery or been hospitalized? No Yes If yes, please list the date(s) and reason(s) _____

What are your current medical complaints/concerns? _____
 (If Over 50 years old)
Date of Last Colonoscopy: _____ **Date of Last Mammogram:** _____ **Date of Last PSA:** _____

MEDICAL HISTORY

Diagnosis	Self	Family Member(s)	Diagnosis	Self	Family Member(s)
Heart Disease			Arthritis		
High Cholesterol			Osteoporosis		
High Blood Pressure			Asthma or COPD		
Stroke			Tuberculosis		
Seizures			Alcoholism		
Diabetes			Depression/Anxiety		
Kidney Disease			Cancer, if so what type?		
Glaucoma			Any pregnancies		
Other:					

Medication: What prescribed and non-prescribed medicine(s) do you take?
 1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Who are your current Healthcare Providers (doctors)? _____

Do you receive any at home health or equipment services, i.e. home nursing, oxygen service, etc.? _____

Patient Signature: _____ **Date:** _____

Reviewed By: _____ (Physician's Signature) **Date:** _____