

Calder Urgent Care – Family History

Patient Name: _____ Date of Birth ____/____/____

Male (Over 16 years old)

Please answer the following questions:

1. What was the date of your last annual exam? (Month/Year) ____/____

2. Do you have any of the following medical conditions, please circle them below:

HIGH BLOOD PRESSURE

CORONARY ARTERY DISEASE

CONGESTIVE HEART FAILURE

CHRONIC LOW BACK PAIN

DEPRESSION

MYOCARDIAL INFARCTION

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)

DIABETES

OTHER: (Please List) _____

3. Have you had any of the following surgeries, please circle them below:

Coronary Bypass Graft

Cataracts

Hernia

Other: (Please List) _____

4. Please list the most recent date if you have had any of the following health maintenance items:

EXAM

Month/Year

Digital Rectal Exam _____/_____

PSA Check _____/_____

Colonoscopy _____/_____

Eye Exam _____/_____

Calder Urgent Care – Family History

Patient Name: _____ Date of Birth ____/____/____

Female (Over 15 years old)

Please answer the following questions that apply to you:

- | | Month/Year |
|--|------------|
| 1. What was the date of your last annual exam? | ____/____ |
| 2. What was the date of your last Pap Smear? | ____/____ |
| 3. What was the date of your last Mammogram? | ____/____ |

4. Have you had any of the following medical conditions, please circle:

HIGH BLOOD PRESSURE

CORONARY ARTERY DISEASE

CONGESTIVE HEART FAILURE

CHRONIC LOW BACK PAIN

DEPRESSION

MYOCARDIAL INFARCTION

DIABETES

COPD (Chronic Obstructive Pulmonary Disease)

OTHER: _____

5. Have you had any of the following surgeries, please circle:

HYSTERECTOMY (COMPLETE/PARTIAL)

HERNIA

CORONARY ARTERY BYPASS GRAFT

CATARACTS

OTHER: _____

6. Please list the most recent date if you have had any of the following health maintenance items:

- | EXAM | MONTH/YEAR |
|---------------------|------------|
| COLONOSCOPY | ____/____ |
| DIGITAL RECTAM EXAM | ____/____ |
| BONE DENSITY SCAN | ____/____ |
| EYE EXAM | ____/____ |