

ProHealth Integrated Medical, LLC

Welcome to our practice. As a new patient, please fill out the information found below to the best of your ability.

Physician: _____

Date: _____

Patient Name: _____

Chief Complaint: _____

D/C - 4+

History of present illness:

- **Location** _____
(Where is the pain/problem?)
- **Severity** _____
(How severe is the pain/problem on a scale of 1-5?
(5 being the most severe))
- **Timing** _____
(Does this pain/problem occur at a specific time?)
- **Associated signs/symptoms** _____

- **Quality** _____
(Example: normal versus abnormal color, activity, etc.)
- **Duration** _____
(How long have you had this pain/problem?, or, When did it start?)
- **Context** _____
(Where were you at the onset of this pain/problem?)
- **Modifying factors** _____

(What other associated problems have you been having?)

(What makes the pain/problem worse or better?, or, Have you had previous episodes?)

Medical History:

D-1/3

C- 2 to 3/3

Patient medical history:	Previous Hospitalizations/Surgeries/Serious Injuries	When?
Diabetes	No Yes	_____
Hypertension	No Yes	_____
Cancer	No Yes	_____
Stroke	No Yes	_____
Heart Trouble	No Yes	_____
Arthritis/gout	No Yes	_____
Convulsions	No Yes	_____
Bleeding tendency	No Yes	_____
Acute Infections	No Yes	_____
Venereal disease	No Yes	_____
Hereditary defects	No Yes	_____

Medications:

Patient social history:

Marital status: Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____
 Use of alcohol: Never: _____ Rarely: _____ Moderate: _____ Daily: _____
 Use of tobacco: Never: _____ Previously, but quit: _____ Current packs / day _____
 Use of drugs: Never: _____ Type/Frequency: _____
 Excessive exposure at home or work to: Fumes: _____ Dust: _____ Solvents: _____ Air-borne Particles _____ Noise: _____

Family medical history:

	Age	Diseases	If Deceased, Cause of Death
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____
	_____	_____	_____