SOMA
MEDICAL CENTER, P.A.

ADULT MEDICAL HISTORY FORM

Name: _____Date of Birth: _____

Reason for today's office Visit: _____

Information on this form will assist your physician to better understand your medical concerns and conditions.

Best estimates are acceptable if you cannot recall specific dates. Thank you.

Personal Medical History: Please indicate whether you have had any of the following medical problems (with approximate date of illness or diagnosis)

- ☐ Heart Disease: specify_____
- ☐ Hypertension (High Blood Pressure)
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ PAD
- ☐ Stroke (year :_____)
- ☐ Osteoporosis
- ☐ Thyroid Problems: specify _____
- ☐ Cancer (malignancy) specify: _____
- ☐ Depression/anxiety
- ☐ Other: _____
  _____
  _____
  _____

Medications: Please provide prescription and non-prescription medicines, vitamins, & birth control pills.

Medication	Dose	Times per Day

Pharmacy Name: _____ Phone:_____

Allergies: Please provide prescription and non-prescription medicines, vitamins, & birth control pills.

Allergy	Reaction

Surgical History: Please list all prior surgeries and dates.

Surgery	Date

Social & Preventative History:

Do you currently smoke or chew tobacco? ☐ Yes ☐ No ☐ Former Smoker
If yes, how many packs per day? _____

Do you currently drink alcohol, beer, or wine? ☐ Yes ☐ No
How many drinks per day? _____

Do you currently drink caffeine? ☐ Yes ☐ No

Family History:

	Living	Age (or age at death)	List Serious Illnesses
Mother	☐ Yes ☐ No	_____	_____
Father	☐ Yes ☐ No	_____	_____
Sisters	☐ Yes ☐ No	_____	_____
Sisters	☐ Yes ☐ No	_____	_____
Sisters	☐ Yes ☐ No	_____	_____
Brothers	☐ Yes ☐ No	_____	_____
Brothers	☐ Yes ☐ No	_____	_____
Brothers	☐ Yes ☐ No	_____	_____

Women History:

Date of last menstrual period: _____ Date of last Pap smear: _____

Date of last mammogram: _____ Are you pregnant? _____

Number of children _____

By signing below, I hereby certify to the best of my knowledge that the information I have provided is complete, true, and accurate.

Patient/Legal Guardian Signature: _____ Date: _____