

Today's Date: \_\_\_\_\_

# The Family Doctor

Chart No: \_\_\_\_\_

1728 Fordham Blvd, 151 Rams Plaza, Chapel Hill, NC 27514

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### PERSONAL INFORMATION:

Marital Status:  Single  Married  Widowed  
 Domestic Partner  Separated  Divorced

Children (give ages): \_\_\_\_\_

Occupation: \_\_\_\_\_

### MEDICAL HISTORY:

Medications you are allergic to or unable to take: \_\_\_\_\_

Medications you are now taking, including: Birth control pills, Aspirin, Vitamins, Homeopathic remedies. Give dosage & how often you take them. \_\_\_\_\_

Serious or chronic illness you have had or now have. Include year of onset. \_\_\_\_\_

Surgical procedures or hospitalizations. Include year & hospital. \_\_\_\_\_

### LIFESTYLE:

Are you on a special diet?  No  Yes  
Type: \_\_\_\_\_

Do you exercise regularly?  No  Yes  
Type: \_\_\_\_\_ How often: \_\_\_\_\_

### HEALTH HABITS:

Alcohol use: \_\_\_\_\_ drinks per day (wine, beer, liquor)  
 Caffeine use: \_\_\_\_\_ cups per day (coffee, tea, sodas)  
 Cigarette smoking \_\_\_\_\_ packs per day for \_\_\_\_\_ yrs  
 Cigar / pipe / chewing tobacco / snuff for \_\_\_\_\_ yrs  
 Recreational drug use: \_\_\_\_\_ for \_\_\_\_\_ yrs

### FAMILY MEDICAL HISTORY:

Heart Disease, who: \_\_\_\_\_  
 High Blood Pressure, who: \_\_\_\_\_  
 Diabetes, who: \_\_\_\_\_  
 Cancer, who: \_\_\_\_\_  
 Depression, who: \_\_\_\_\_

### HEALTH MAINTENANCE:

Name of your physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_

Immunizations (give year of last vaccine):

Tetanus Booster \_\_\_\_\_ (every 10 years)

Pneumonia \_\_\_\_\_

Shingles \_\_\_\_\_

Preventive Care (give year of last test):

Cholesterol Screening \_\_\_\_\_

Colonoscopy \_\_\_\_\_

EKG (Electrocardiogram) \_\_\_\_\_

Chest X-Ray \_\_\_\_\_

(men) Prostate Screening \_\_\_\_\_

(women) Pap Smear \_\_\_\_\_

Mammogram \_\_\_\_\_

Bone Density Study \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE

UNC-H MR #: \_\_\_\_\_

Chronic Problem List:	Dx Date:	Medications:	<input type="checkbox"/> Living Will in chart	
_____	_____	_____	_____	_____
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