

WEST LINN FAMILY HEALTH CENTER, P.C.

18380 WILLAMETTE DRIVE, SUITE 202 - WEST LINN, OREGON 97068-1718 - PHONE (503) 635-8384 - FAX (503) 636-6475

NEW PATIENT - CONFIDENTIAL HEALTH HISTORY FORM

Name _____ Date of Birth _____ Date Completed _____

Current and Major Illnesses (ie high blood pressure, cholesterol, pneumonia, etc)

Prescription medications (please include frequency and strength if known):

Over the counter medications and supplements:

Previous surgeries/complications:

List any allergies (please include medications)

Family history of disease (ie diabetes, heart disease, cholesterol, high blood pressure, cancer) Please be as specific as possible:

Alcohol use (please circle): Yes No

If yes, how frequently: Daily Weekly Occasional

How many beverages on average: 1-2 3-4 5+

Tobacco use (please circle): Yes No

If yes, type: Cigarettes Cigars Smokeless

Marital status (please circle): Single Married Widowed Significant Other

Children (please circle): Yes No

If yes how many and ages: _____

Exercise (please circle): None 1-2days per week 3-4days per week 5+days per week

Women Only:

Age periods began _____ Frequency _____

Date of last period _____

Excessive bleeding? _____

Do you take hormone or birth control pills? _____

Pregnancies _____ How many children? _____ Miscarriages _____