

# NEW PATIENT HEALTH HISTORY FORM

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

<b>Name</b> (Last, First, M.I.):		<input type="checkbox"/> M. <input type="checkbox"/> F.	<b>DOB:</b>
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Contact Phone:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Previous or referring doctor:</b>			<b>Date of last physical exam:</b>

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\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## PERSONAL HEALTH HISTORY

**Childhood illness:** ☐ Measles ☐ Mumps ☐ Rubella ☐ Chickenpox ☐ Rheumatic Fever ☐ Polio

**Immunizations and dates:**

☐ Tetanus

☐ Pneumonia

☐ Hepatitis

☐ Chickenpox

☐ Influenza

☐ MMR (Measles, Mumps, Rubella)

**List any medical problems that other doctors have diagnosed**

## Surgeries

Year	Reason	Hospital

# **Sample Medical History Write Up**

**American Academy of Orthopaedic  
Surgeons (AAOS), Paramedic  
Association of Canada, Nancy L.  
Caroline, Russell MacDonald**

## **Sample Medical History Write Up:**

## Whispering the Strategies of Language: An Emotional Quest through **Sample Medical History Write Up**

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