

**Amarillo Urgent Care  
Patient History Form**

Patient Sticker
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**Past Medical History - Have you ever had any of the following?**

Anxiety/Depression	Ear Infections	Spine Problems
Alcoholism	Eye Problems	Stroke
Arthritis	High Blood Pressure	Sexually Transmitted Disease
Asthma/COPD/Breathing Problems	High Cholesterol	Thyroid Disease
Allergies	Headaches	Trauma/Injury
Blood Clots/Bleeding Disorders	Kidney Disease/Stones	Urinary Tract Infections
Cancer	Liver Disease/Hepatitis	Other:
CAD/CHF/Heart Problems	Mental Illness	
Diabetes	Sleep Disorder	
Drug Addiction	Seizures	
Dizzy/Fainting Spells	Stomach Disease/Reflux	

**Past Surgical History - Have you had any of the follow surgeries? If so, list the date of surgery.**

Appendectomy	Carpel Tunnel	Thyroid Surgery
Cardiac Bypass/Pacemaker/CABG	Hysterectomy	Vasectomy
Cholecystectomy	Tonsillectomy/Adenectomy	Other:
C-Section	Tubal Ligation	

**Dates:** \_\_\_\_\_

**Social History**

Smoker (please circle one):                      Yes      No  
 Alcohol Consumption (please circle one):                      Yes      No  
 Marital Status (please circle one):      Single              Married              Widowed              Divorced

**Family History - Does anyone in your family have any of the following? If so, list which relative.**

Arthritis		High Blood Pressure	
Autoimmune Disorder		High Cholesterol	
Asthma		Kidney Disease	
Cancer		Psychiatric Illness	
Diabetes		Stroke	
Heart Disease		Other:	

**Screening Studies** List when you last had the following tests done.

EKG/Cardiac Work Up \_\_\_\_\_  
 Cholesterol/Diabetes Screening \_\_\_\_\_  
 Breast Exam/Mammogram \_\_\_\_\_  
 PAP Smear/Vaginal Exam \_\_\_\_\_  
 Rectal/Flex Sig/Colonoscopy \_\_\_\_\_  
 PSA/Prostate Exam \_\_\_\_\_

Current Immunizations? (please circle one)                      Yes              No  
 Last Tetanus \_\_\_\_\_  
 Last Flu Vaccine \_\_\_\_\_  
 Pneumonia Vaccine \_\_\_\_\_