

## Macomb Physicians Group, PLLC

### Health History - New Patients

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Marital status:    Single       Married       Separated       Divorced       Widowed

Check all items either yes or no	NO	Yes New	Yes Old	Date	Check all items either yes or no	NO	Yes New	Yes Old	Date
Anemia					Arthritis				
Angina					Asthma / Hay Fever				
Heart attacks / By pass					Blood Diseases				
Diabetes					Cataracts				
High Blood Pressure					Bronchitis / Emphysema				
Elevated Cholesterol					Liver Disease / Cirrhosis				
Strokes / Mini strokes					Colitis				
Blocked Arteries in Leg or Neck					Diverticulosis				
Thyroid disease					Gall stones				
Blood clots in legs / Lungs					Stomach Ulcers / Reflux disease				
Migraine Headaches					Kidney Stones				
Recurrent Sore throat / Sinusitis					Skin diseases / Psoriasis / Eczema				
Heart Valve problems					Blood in Stool or Urine				
Hepatitis					Night Sweats				
Glaucoma					Memory Loss				
Epilepsy / Seizures					Leg pain during walking				
Alcohol / Drug abuse treatment					Chest pain				
Broken Bones / Joint Surgery					Shortness of Breath				
Cancer- Site:					Weight loss / Weight Gain				

### Habits History

Habits	Yes	No	Amount	Habits	Yes	No	Amount
Smoke			_____ Packs / Day	Liquor			_____ Oz / Day
Coffee			_____ Cups / Day	Marijuana			_____ Joints / week
Beer			_____ Cans / Day	Drugs			Name: _____

### Family History

Check condition and relationship of the relative									Check condition and relationship of the relative								
	Yes	No	Father	Mother	Brother	Sister	Son	Daughter		Yes	No	Father	Mother	Brother	Sister	Son	Daughter
Diabetes									Mental illness								
Hypertension									Alcoholism								
Stroke									Obesity								
Heart attack age below 55																	
Emphysema																	
Colon Cancer																	
Breast Cancer																	

### Medication and Allergy History

Medications (Long term Only)	Dose	Allergy to medication	Type of reaction (Rash, Itching, Choking, Passed out)
		No Allergy	
		Penicillin	
		Sulfa	
		See List	

I acknowledge that above information is correct to the best of my knowledge. I will not hold Macomb Physicians Group, PLLC or members of its staff responsible for any errors or omissions that I may have made in completion of this form.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date Signed