

**Tanner Center - PATIENT HISTORY FORMS**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Medications (name and dose):

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Past Medical History (circle all that apply):

High Blood Pressure  
Rheumatic Fever  
Depression  
Kidney Disease  
Sleep Problems  
Other: \_\_\_\_\_

Cancer  
Anemia  
Diabetes  
Arthritis  
Asthma

Heart Problems  
Stomach Ulcers  
Thyroid Disease  
Lung Problems  
Trauma

Operations: \_\_\_\_\_

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Family Medical History (diseases or cause of death):

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_

Children: \_\_\_\_\_

Social History

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

Marital Status: \_\_\_\_\_

Smoke? N\_\_\_ Y\_\_\_ packs/day

Alcohol Use: N\_\_\_ Y\_\_\_ drinks/day