

Surgery and Procedures: List every surgical operation you have ever had

Operation and where performed	Your age at the time	Diagnosis or Reason you needed to have the operation

Immunization Status

What year did you last have a tetanus shot? (Please estimate even if you don't remember)

Have you ever received the pneumococcal vaccine (Pneumovax), if so what year/age?

Do you wish to be reminded to take a flu shot every year?

Have you been vaccinated for: Hepatitis A Hepatitis B HPV Meningitis

Medical Problems: List every medical condition, serious illness or diagnosis ever made about you by a doctor. (Use the check marks for common conditions)

Condition	Age at Diagnosis	Still suffer from it?
<input type="checkbox"/> High blood pressure		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Asthma <input type="checkbox"/> COPD/Emphesema		
<input type="checkbox"/> Arteries Blocked in Heart <input type="checkbox"/> Valve Probems <input type="checkbox"/> Failure		
<input type="checkbox"/> Elevated cholesterol		
<input type="checkbox"/> Thyroid disorders		
<input type="checkbox"/> Cancer – if yes, what type?		
<input type="checkbox"/> Conditions with immunosuppression (for example, diabetes, HIV disease, transplant patients, persons who have had their spleen removed, autoimmune disorders like lupus)		

If you have traveled outside of the US in the last 12 months, please tell us:

There is more room on the back. Check here if you write on the back.

Social History: Tell us about your personal habits, lifestyle and background	
Birthplace	
Highest Grade Completed	
Cigarette Smoking	<input type="checkbox"/> Yes <input type="checkbox"/> Never <input type="checkbox"/> Quit If yes (ever) how many packs per day?
Alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> More often than weekly
Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ Years Service: _____ Combat: _____
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Children	How many? _____ Any deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cohabitants	
Recreational Drugs	<input type="checkbox"/> Never <input type="checkbox"/> Have used the following: _____
Occupation	<input type="checkbox"/> _____ <input type="checkbox"/> Retired <input type="checkbox"/> Disabled
Hobbies	
Family History: Tell us about your immediate family medical history	
Father	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Died at age _____
	<input type="checkbox"/> High BP <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> TB <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other: _____
Mother	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Died at age _____
	<input type="checkbox"/> High BP <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> TB <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other: _____
<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Older <input type="checkbox"/> Younger	Died at age _____
	<input type="checkbox"/> High BP <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> TB <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other: _____
<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Older <input type="checkbox"/> Younger	Died at age _____
	<input type="checkbox"/> High BP <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> TB <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other: _____
<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Older <input type="checkbox"/> Younger	Died at age _____
	<input type="checkbox"/> High BP <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> TB <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other: _____
Even more siblings? How many? _____	
List any other serious health problems in your immediate family which could be hereditary	
Disease	What happened to this person?
Who had it?	Still living?
Disease	What happened to this person?
Who had it?	Still living?
Disease	What happened to this person?
Who had it?	Still living?

Systems Review: *Circle the symptoms you have now or have had in past few weeks, especially if they are newly troubling you or have gone unexplained.*

General: Loss of Appetite—Chills—Crying—Fatigue—Fever—Fussiness(infants) night sweats--weight gain--Weight loss--Weakness

Skin and Breast: Breast mass-- Nipple drainage-- Itch--Skin Lesions-- Rash--Skin Changes--Skin Discoloration--moles with worrisome changes

Ear Nose and Throat: Congestion-- Lightheadedness-- Drainage-- Earache -- nosebleed-- Hearing Loss-- Hoarseness--Sneezing--Sore throat--Vertigo--double vision --eye irritation

Heart: Chest Pain-- legs swelling-- urinating at night--passing out--heart fluttering--

Respiratory: Cannot breathe laying down--shortness of breath--breathlessness with work or strenuous activity--Cough--coughing phlegm--Wheezing--coughing blood

Abdomen: Nause--Vomiting--Diarrhea--Constipation--Abdominal Pain--Heartburn--passing blood by rectum--vomiting blood--Bloating--Gas--Spitting Up(infants)

Urinary and reproductive tract: painful urination--Frequent urination--urge to urinate--blood in urine--penis discharge--Vaginal Discharge--Pelvic Pain--abnormal menstrual bleeding--missed periods--taking hormones--taking birth control pills

Bones, muscles and joints: pain in muscles--Muscle Weakness--loss of muscle strength --Back Pain--Joint Pain--Joint Swelling--Limb Pain

Neuro--Psychiatric: Headache--Depression--Anxiety--one sided muscle Weakness--Memory Loss--Paresthesia--Anesthesia--Sleep Problem--Anger--Racing Thoughts--Suicide thoughts

Hematological--Lymphatic: Pica--Limb Swelling--Bleeding--Enlarged lymph nodes--pale skin

Allergy and Immune system: Cough-- Hives--Itching-- Wheezing--multiple serious infections--currently taking drugs that weaken immune system

Metabolism and hormones: Diarrhea --Flushing-- Heat Intolerance-- Thirst – Frequent Urination --Weight Loss--Weight Gain--undergoing cancer treatment--taking medication for transplantation

Check this block and write on the back side if you need to give more explanation for the systems review. □□

What else should the doctor know about you, your health or your family?

Is there anything else you want to ask about?

Thank you for completing this medical history. The doctor is going to review the information and may ask additional questions. We will ask you to update this information from time to time. Please review to make sure you have answered all the questions.

Welcome to our Medical Practice

Can we make a few suggestions to help you get the most out of your doctor visit? Some of the information may seem obvious, and yet, just a little preparation on your part will dramatically enhance the quality of the medical care we can provide to you!

First

Have a clear idea about the purpose of your medical visit. Be organized and make sure you let us know all your concerns at the beginning of your visit.

Second

Bring everything you need. You need complete medical information including all your medication bottles and names and phone numbers of any other doctors you see.

Third

Take control of your own medical care. It's true that your doctor is here to guide you and help you make decisions. To get the most out of your medical care though, be knowledgeable about your own health, and read about your medical conditions. Be prepared to ask informed questions.

Fourth

Be concise. To make your visit most effective, you should have reasonable expectations of a visit with your doctor. One or two new items are about the limit of what can be reasonably managed in a typical visit. Avoid trying to get an entire year's worth of medical care in one visit! Trying to get it all in at one visit is impractical, and will result in frustration for you. Help us to ensure that each problem gets the complete attention you deserve.

Fifth

Make an appointment for a comprehensive annual examination. To give yourself the opportunity for complete medical care, you should see your doctor at least once a year with health screening as the only reason for your visit.

Sixth

Be up front about what you need or want the doctor to do for you. Your physician is trained to detect clues about what is bothering a person. Still, if you have a specific concern, it's best to just be up front about it and let the doctor know what's on your mind. We do want to address your concerns; we'll do everything we can to make you comfortable discussing your problems.

Seventh

Make sure that you have doctor visits that are strictly for your chronic disease management. Please don't wait until you are sick to come in for your blood pressure check up or to see about another problem that has been nagging you for a long time.

Eighth

Plan Ahead. Just like getting ready to go to work or school, a visit to the doctor requires some planning; perhaps not so much when you are suddenly ill, of course. But when you know you will be coming to see your doctor, make sure you have everything you need to make your visit a success.

Ninth

Make sure your doctor visit is private! If you need to bring a family member to assist you, do please bring them along. But keep in mind that extra people in the exam room not only provide a distraction from focusing on your care; they may also inhibit frank and open discussions with your doctor. And please understand, your appointment is for you. It is awkward and improper to treat other family members during your appointment.

Tenth

Give our assistants a heads up. School and work notes, prescription refills, sample requests, everything that can be taken care of for you before the doctor examines you will save you time and extra phone calls. Our staff can take care of these things while you are waiting to see the doctor.

Eleventh

Know how to get your forms, certificates and other papers completed by the doctor quickly. As a matter of office policy, we cannot complete forms for you without an office visit. Please make an appointment for such forms and bring them with you to your appointment.

Twelfth

Become a healthcare partner. You might think it's up to the doctor to make all the decisions about your health care, and you are half right. You'll get the best medical care when you spend some of your time learning about your illnesses, knowing what medications you are taking, what your medications are for, their dosages and times you take them, and being alert for drug interactions and side effects. To help you organize your medical information, we have a portable medical record you can use to record all your important medical history. Just ask your doctor.

Make sure all your doctors are communicating with each other! Be sure all the physicians you see know about your other doctors and the medicines they have prescribed for you. We are more than happy to give you business cards to give to your other doctors when you see them to help make sure that they will keep in touch with us about you.

Office Policy

We are committed to preserving the respect and dignity of human life. Our goal is to treat each patient with respect, compassion and a genuine concern for their well-being. We will always try to serve the best interest of our patients above our own. Please rest assured that each of the physicians in our office are personally dedicated to the relief of human suffering and the betterment of personal health in the same traditions that were established by the founders of our organization.

Please be aware of our office and after hours policies. Our office hours are 8:00 am until 5 pm weekdays; we are closed from 12-1pm for lunch. We offer sick call on most Saturday mornings from 8-11 am. Please limit these visits to minor illnesses and injuries, as we have a reduced staff for this.

Primary physician. You are assigned to the care of one doctor in our practice. This assures a continuity of care, and it insures that someone is responsible for your care. Please make all of your appointments with your primary doctor. If you are sick and your doctor is not in, the other doctor will see you for that visit only. We understand that some patients may, for personal reasons wish to change their primary doctor. That is not a problem; however, we ask that you place your request with your present primary doctor. (Your primary doctor is the physician you first saw after January 1, 2007)

In order to reduce your waiting time, we ask that you call to schedule an appointment. We will do our best to see you the same day. In fairness, we are obliged to place all scheduled patients ahead of walk in patients. We are able to take care of most minor emergencies (for example, bruises, stings, minor cuts, headaches, stomach aches, etc), but if you have a serious medical emergency, please contact your local EMS service by dialing 911.

Our practice does not provide pain management services; if you have previously been under the care of a specialist for pain management, we ask that you continue to see that physician for your pain control. If you have been receiving pain management services from a primary care doctor, we will refer you to a pain specialist for that service

Please allow at least 48 hours for all prescription refill requests. If it has been over six months since you were last seen, you can be given a refill sufficient until you can be seen in the office. If it has been more than a year since your last visit, we will ask you to see us before refills are granted. Our office policy prohibits calling in prescriptions for controlled substances.

We regret that we are unable to attend patients in the hospital, but due to the distance from the nearest facility, we will arrange for admission if you need to be hospitalized with an appropriate specialist. Please return to our care after your hospital stay. We can refer you to the facility of your choice; however, our best lines of communication are established with Providence Hospital.

Thank you for choosing Providence Family Physicians! It is our pleasure to serve the Citronelle community. If you have any questions or comments about our office, please speak with our office manager Shelly Ezell, or either of our physicians.