ALLIANCE BEHAVIORAL MEDICINE, LLC
MEDICAL HISTORY

PLEASE PRINT
NAME

DATE_____

_____ BIRTH DATE_____
LAST FIRST MIDDLE INITIAL

EDUCATION (YRS COMPLETED) _____ RELIGIOUS PREFERENCE_____

ILLNESSES SUCH AS: DIABETES, HYPERTENSION, SEIZURES, THYROID, LUNG OR HEART DISEASE:_____
_____

HISTORY OF PHYSICAL INJURIES OR HEAD INJURIES:_____
_____

LIST CURRENT MEDICATIONS (INCLUDING OVER THE COUNTER, NUTRITIONAL SUPPLEMENTS, VITAMINS):

_____ _____ _____
_____ _____ _____
_____ _____ _____

PRIMARY DOCTOR OR CLINIC:_____ PREFERRED PHARMACY_____

ALLERGIES OR ANY DRUG REACTION:_____

ARE YOUR VACCINATIONS UP-TO-DATE? YES_____ NO_____

SMOKING
PACKS PER DAY_____
OF YEARS_____
YEAR STOPPED_____
PIPE___CIGAR__CHEW___
IF STILL SMOKING, WOULD YOU LIKE HELP STOPPING?_____

ALCOHOL
NEVER_____OCCASIONAL_____
MODERATE_____HEAVY_____
ALCOHOL PROBLEM:
Yes_____ N_____

CAFFEINE
(Coffee, Tea, Soda, Energy Drinks, etc.)
NEVER_____ OCCASIONAL_____
MODERATE_____ HEAVY_____

DRUGS (e.g. marijuana, cocaine, etc.):
_____
_____
_____

PRESENT WEIGHT:_____
WEIGHT CHANGE LAST YEAR:
GAINED_____LBS / LOST_____ LBS
HEIGHT:_____

FAMILY HISTORY	AGE IF LIVING	AGE AT DEATH	PRESENT CONDITION OR CAUSE OF DEATH (PAST/PRESENT ALCOHOL OR DRUG PROBLEM)
FATHER			
MOTHER			
BROTHERS: NUMBER:			
SISTERS: NUMBER:			
CHILDREN: NUMBER:			

CHECK IF ANY RELATIVES HAVE HAD:
- □ DIABETES
- □ HEART TROUBLE
- □ HEART ATTACK
- □ HIGH BLOOD PRESSURE
- □ STROKE
- □ CANCER
- □ TUBERCULOSIS
- □ ULCERS
- □ ARTHRITIS
- □ OBESITY (OVERWEIGHT)
- □ SUICIDE
- □ MENTAL ILLNESS
- □ DEPRESSION
- □ MANIC DEPRESSIVE (BIPOLAR DISORDER)
- □ SCHIZOPHRENIA
- □ THYROID TROUBLE
- □ ALCOHOLISM OR DRUG ABUSE