Ottawa Family Physicians
1418 S Main, Ste 5
Ottawa, KS 66067

Today's date_____/_____/_____ DATE OF BIRTH_____/_____/_____ SOCIAL SECURITY NUMBER_____-_____-_____

LAST NAME_____ **FIRST NAME**_____ **M.I.** _____

Address:_____ City/State/Zip_____

(circle preferred #)Home#:_____ Cell#:_____ Email:_____

Physician or Specialist you are currently seeing_____

Reason for seeing the physician on the first visit_____

Date of most recent: Tetanus (TD, TDAP):_____ Pneumonia vaccine:_____ Influenza vaccine:_____

Zostavax(shingles):_____ HPV vaccine:_____

Have you ever been exposed to or currently have TB (Tuberculosis)? (circle) Y N

Preferred pharmacy:_____

ALLERGIES/INTOLERANCES TO ANY MEDICATION, FOOD, ADHESIVES, LATEX?:_____

_____

LIST CURRENT MEDICATIONS (include all prescribed medications taken either routinely or occasionally)

MEDICATION/DOSAGE	**MEDICATION/DOSAGE**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any over-the-counter medications/supplements and dosage that you are currently taking:

_____ _____ _____ _____

_____ _____ _____ _____

CHECK ANY CURRENT OR PREVIOUS MEDICAL CONDITIONS AND DATE DIAGNOSED IF KNOWN:

___Acid Reflux_____	**___Diverticulosis_____**	**___Seasonal Allergies_____**
___Arthritis_____	**___Emphysema/COPD_____**	**___Stroke_____**
___Asthma_____	**___Glaucoma_____**	**___Thyroid Deficiency_____**
___Cancer_____	**___Heart Failure_____**	**___Other_____**
Cancer Type_____	**___Heart Valve Failure_____**	**___Other_____**
___Cataracts_____	**___Heart Stents_____**	**___Other_____**
___Coronary Artery Disease_____	**___High Blood Pressure_____**	**___Hospitalized(year)_____**
___Depression_____	**___High Cholesterol_____**	**___Hospitalized(year)_____**
___Diabetes ____Type1 ____Type2___	**___Migraine Headaches_____**	**___Hospitalized(year)_____**

LIST ANY PREVIOUS SURGERIES OR INJURIES AND PROVIDE DATES:

Surgery/Injury	Date	Surgery/Injury	Date

Pregnancies: How many times have you been pregnant:_____ How many live births:_____

Pregnancy complications?:_____

(OVER)

SOCIAL HISTORY

Are you a veteran of the military? Y N Do you have a Black Lung Card? Y N Do you have end stage renal disease? Y N

Marital Status: __Single __Married (what year)_____ __Divorced (what year)_____ __Widowed (what year)_____

Housing: __Lives with parents __Does not live with parents __Lives with mother __Lives with Father __Lives in foster care

Children: Y N Number of children:_____ Name/DOB:_____

__No tobacco exposure in home __Tobacco exposure in home __Good Nutrition Diet Habits(list)_____

Employed: Y N Occupation:_____ Employer:_____

Have you ever or do you currently use any of the following:

Street drugs? Y N If yes, how long/what age?_____ What type?_____

Tobacco? Y N __Cigarettes __Cigar __ Pipe __Chew What age did you start?_____ How many packs/pouches/day?_____

Alcohol? Y N Frequency? __Daily __Weekly __Socially How much?_____

Exercise habits: __None __Occasionally __Regularly How do you exercise?(Walk, Aerobics, Lift Weights, ect.)_____

FAMILY HISTORY

Does any of your biological family have the following conditions?:

(please circle all that apply and list the family member(s), if not applicable please mark N/A)

Cancer: (please list what type)_____

Diabetes_____ Thyroid Disease_____ Heart Problems_____

High Blood Pressure_____ Stroke(s)_____ Lung Problems_____

Arthritis_____ COPD_____ Depression_____

High Cholesterol_____ Asthma_____ Migraines/Headaches_____

Other_____

(Please check all that applies)

__Parents alive and well

__Father alive & well __Father alive with problems (list above) __Father deceased (age & reason)_____

__Mother alive & well __Mother alive with problems (list above) __Mother deceased (age & reason)_____

Siblings :

# of Brother(s)____ __alive & well __alive with problems(list above) __deceased (age & reason)_____

# of Sister(s)____ __ alive & well __alive with problems(list above) __deceased (age & reason)_____

Maternal Family:

Grandmother: __alive & well __alive with problems (list above) __deceased (age & reason)_____

Grandfather: __alive & well __alive with problems (list above) __deceased (age & reason)_____

Paternal Family:

Grandmother: __alive & well __alive with problems (list above) __deceased (age & reason)_____

Grandfather: __alive & well __alive with problems (list above) __deceased (age & reason)_____

Children:

#of Boys____ __alive & well __alive with problems (list above) __deceased (age & reason)_____

#of Girls____ __alive & well __alive with problems (list above) __deceased (age & reason)_____