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 Niceville, FL 32578  
 (850) 897-7546

 184 E Redstone Ave, Suite B  
 Crestview, FL 32539  
 (850) 398-8554

 301 Medical Drive, Suite B  
 Andalusia, AL 36420  
 (334) 222-7546

### HISTORY AND INTAKE FORM

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Language:** English Other: \_\_\_\_\_ **Gender:** M F **Race:** \_\_\_\_\_

**Preferred Pharmacy:** \_\_\_\_\_ **Pharmacy Phone:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

**Primary Care Provider & Phone:** \_\_\_\_\_

**Past Medical History:** (Please circle all that apply)

Anxiety	Depression	Leukemia
Arthritis	Diabetes	Lung Cancer
Artificial Joints	End Stage Renal Disease	Lymphoma
Asthma	GERD	Pacemaker
Atrial Fibrillation	Hearing Loss	Prostate Cancer
BPH	Hepatitis	Radiation Treatment
Bone Marrow Transplantation	Hypertension	Seizures
Breast Cancer	HIV / AIDS	Stroke
Colon Cancer	Hypercholesterolemia	Valve Replacement
COPD	Hyperthyroidism	None
Coronary Artery Disease	Hypothyroidism	

Other: \_\_\_\_\_

**Past Surgical History:** (Please circle all that apply)

Appendix Removed	Kidney Biopsy
Bladder Removed	Kidney Removed (Right, Left)
Mastectomy (Right, Left, Bilateral)	Kidney Stone Removal
Lumpectomy (Right, Left, Bilateral)	Kidney Transplant
Breast Biopsy (Right, Left, Bilateral)	Ovaries Removed: Endometriosis
Breast Reduction	Ovaries Removed: Cyst
Breast Implants	Ovaries Removed: Ovarian Cancer
Colectomy: Colon Cancer Resection	Prostate Removed: Prostate Cancer
Colectomy: Diverticulitis	Prostate Biopsy
Colectomy: IBD	TURP
Gallbladder Removed	Skin Biopsy
Coronary Artery Bypass	Basal Cell Cancer Surgery
PTCA	Squamous Cell Carcinoma Surgery
Mechanical Valve Replacement	Melanoma Surgery
Biological Valve Replacement	Spleen Removed
Heart Transplant	Testicles Removed (Right, Left, Bilateral)
Joint Replacement, Knee (Right, Left, Bilateral)	Hysterectomy: Fibroids
Joint Replacement, Hip (Right, Left, Bilateral)	Hysterectomy: Uterine Cancer
Joint Replacement within the last 2 years	None

Other: \_\_\_\_\_

**(Please continue on the back)**

**Skin Disease History:** (please circle all that apply)

Acne	Dry Skin	Poison Ivy
Actinic Keratoses	Eczema	Precancerous Moles
Asthma	Flaking or Itchy Scalp	Psoriasis
Basal Cell Skin Cancer	Hay Fever/ Allergies	Squamous Cell Skin Cancer
Blistering Sunburns	Melanoma	None

Other: \_\_\_\_\_

Do you wear Sunscreen?      Yes    No      What SPF? \_\_\_\_\_

Do you have a family history of melanoma? Yes No      If yes, which relative(s)? \_\_\_\_\_

Do you tan in a tanning salon?    Yes    No

**Medications:** (Please list all current medications, strength, and how you take them)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Social History:** (Please circle all that apply)

Current Smoker      Former Smoker      Never Smoked      Type of Tobacco Used \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

**Review of Systems:** Are you currently experiencing any of the following? (please circle all that apply)

Abdominal Pain	Changing Mole	Hay Fever	Seizures
Anxiety	Chest Pain	Joint Aches	Shortness of Breath
Bleeding Problems	Cough	Muscle Weakness	Sore Throat
Bloody Stool	Depression	Neck Stiffness	Thyroid Problems
Bloody Urine	Fever or Chills	Night Sweats	Unintentional Weight Loss
Blurry Vision	Headaches	Rash	Wheezing

Other Symptoms: \_\_\_\_\_

**Surgical Precautions:** (Please write Y for Yes or N for No in the blanks below)

Have you ever had difficulty stopping bleeding? \_\_\_\_\_

Do you require antibiotics prior to a surgical procedure? \_\_\_\_\_

Have you had an artificial joint replacement? \_\_\_\_\_

    If yes, when and what body locations? \_\_\_\_\_

Have you had an artificial heart valve? \_\_\_\_\_

Do you have a pacemaker? \_\_\_\_\_

Do you have a defibrillator? \_\_\_\_\_

Are you pregnant or currently trying to get pregnant? \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_