CROSSROADS FAMILY PRACTICE

where families and healthcare meet

Name: ______________________________ Phone (H): ________________
Birthdate: ______________________________ Phone (W): ________________
HC#: ______________________________ Phone (C): ________________
Address: ____
____
Postal Code: _____________ E-Mail: ____________________________
Marital Status: M S D W Next of Kin: _________________________
Drug Plan: ________________ Occupation: __________________________

Do you have any CURRENT MEDICAL PROBLEMS which are being investigated or treated? Please elaborate.

Respiratory (breathing) ______________________________________
Cardiac (heart) ____
GI (stomach or bowel) ____
Neurological (brain) ____
Endocrine (glands) ____
MSK (muscle or bone) ____
Skin ____
Special Senses (eg. sight) ____________________________________
Genitourinary (eg.bladder) ___________________________________
Psychiatric (mental problems) _________________________________
Allergies to medicines: _______________________________________
Allergies to foods: ____
Allergies to other things: _____________________________________
Do you smoke? Y N If so, how much? __________________________

Have you had any PAST MEDICAL PROBLEMS or SURGERIES?

Medical Problems:

____
____
____
____

Surgeries (with dates):

____
____
____
____
____

Please tell us about the IMMUNIZATIONS you have received in the past:

Tetanus: Y N date: _______________ Flushot: Y N date: _______________

Hepatitis A: Y N date: ____________ Hepatitis B: Y N date: ____________

Pneumovax: Y N date: ____________ Menjugate: Y N date: _____________

H1N1: Y N date: __________________ Other: ______________________________

Are you taking any MEDICATIONS or SUPPLEMENTS? At what doses?

____

____

____

Are there any diseases that run in your FAMILY HISTORY?

____

____

____

For Women:

# of Pregnancies: ____________________ # of deliveries: __________________

Last Pap test: ______________________ Any abnormal paps? ______________

Details:

____

____

For Children:

Immunizations up to date?

2 mos ______________________________ 4 mos ___________________________

6 mos ______________________________ 12 mos __________________________

18 mos ______________________________ 5 years _________________________

Any developmental problems?

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COMMENTS: Is there anything else you think we should know about your medical needs?

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Thank you very much,
Crossroads Family Practice