HC HIGHLAND CLINIC

FAX FORM TO 4451

DATE:___________ PATIENT HISTORY FORM PCP / REFERRING MD ______________________

Name:____DOB:_________________________Age:______________

Reason for Visit: ____
____
____

Allergies to Medications and Type of Reaction: ____
____

Past Medical History: *Do you have?*
☐ None ☐ Heart Disease ☐ Lung Disease ☐ Diabetes ☐ Thyroid Disease ☐ Kidney Disease
☐ Cancer ☐ Liver Disease ☐ GERD/Reflux ☐ Asthma ☐ High Blood Pressure

Immunizations: *Are your immunizations up to date?* ☐ yes ☐ no
Pneumonia Shot __________year Seasonal Flu Shot ______________year
H1N1 Flu Shot __________year Measles/Mumps/Rubella _________year
Prevanar __________year

Social History: ***Only applies to ages 13 and older***
Smokes ☐ yes ☐ no ☐ former Type:____________________ # per day________________ Years smoked_______
Alcohol Consumption ☐ yes ☐ no Second Hand smoke☐ yes ☐no

Family History:
☐ None ☐ High Blood Pressure ☐ Heart Disease ☐ Depression ☐ Rheumatology Disease
☐ Hayfever ☐ Asthma ☐ Food Allergy ☐ Eczema

Current Medications: *Drug Name Dose/Strength How you take it (for example, 1 a day, 2 a day, etc).*
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

Tell me about your home?
☐ Foundation☐ Pier Beam ☐ Foundation and Pier Beam
☐ Apartment ☐ Mobile home ☐ Townhome ☐Brick ☐Wood ☐ Brick & Wood
Age of Home________________
Has there been any water damage? ☐ yes ☐ no
Carpet ☐yes ☐no Age of carpet ___________ Which rooms have carpet?______________________________
☐ Heating AC ☐ Gas Heat/Electric Air ☐Central heating Air ☐ Windows Unit

Bedroom Layout
How old is the mattress ____________________ Ceiling Fan ☐yes ☐ no
Pillow ☐ feather ☐ foam Blinds on Windows ☐ yes ☐ no
Pets ☐ yes ☐no Do any pets sleep in the bedroom ☐ yes ☐ no where ☐ bed ☐ floor ☐ cage

Hobbies: ____