



Julien H. Meyer, Jr., M.D.      Dianna L. Curtis, M.D.      Jill A. Gaines, M.D.  
 Donna L. Musgrave, M.D.      Eric D. Swisher, M.D.      Mark W. Chewning, M.D.  
 Margaret Grove, M.D.      Elizabeth R. Martin, M.D.      Jamie Buck, M.D.  
 Lynn M. Keene, M.D.      Jill M. Arliss, M.D.      Stephanie Quinn-Phlipot, NP

21 Highland Avenue SE, Suite 200 • Roanoke, VA 24013 Telephone (540) 982.8881 • Facsimile (540) 982.0612

**PATIENT MEDICAL HISTORY**

To help us meet all your healthcare needs, please fill out this form completely. This is a confidential record of your medical history and will be kept in this office.

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last physical exam? \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. PAST MEDICAL HISTORY — Have you ever had the following:**

- |                           |                                 |                              |
|---------------------------|---------------------------------|------------------------------|
| — last Pap smear _____    | — Irritable Bowel Disease _____ | — Kidney Problems _____      |
| — last Colonoscopy _____  | — Hepatitis _____               | — Stroke _____               |
| — last Mammogram _____    | — PMS _____                     | — Bladder Infections _____   |
| — last Bone Density _____ | — Stomach Ulcers _____          | — Radiation Therapy _____    |
| — Anemia _____            | — Herpes _____                  | — Skin Cancer _____          |
| — Endometriosis _____     | — Arthritis _____               | — Genital Warts _____        |
| — Seizure _____           | — Hypertension _____            | — Depression _____           |
| — Cancers _____           | — Bone Fractures _____          | — Leg/Lung blood clots _____ |
| — Heart Disease _____     | — Headaches _____               | — STD _____                  |
| — Uterine Fibroids _____  | — Sickle Cell Anemia _____      | — Asthma _____               |
| — Thyroid Disease _____   | — Osteoporosis _____            | — any other disease _____    |
| — Diabetes _____          | — Pneumonia _____               |                              |
| — Abnormal Pap _____      | — Transfusions _____            |                              |

Patient denies any PMH

**2. PAST SURGICAL HISTORY — Have you ever had the following:**

Denies any surgeries

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hysterectomy _____ | <input type="checkbox"/> C-Section _____           | <input type="checkbox"/> D&C _____             |
| <input type="checkbox"/> Appendix _____     | <input type="checkbox"/> Gallbladder _____         | <input type="checkbox"/> Breast Biopsy _____   |
| <input type="checkbox"/> Tonsil _____       | <input type="checkbox"/> Knee Surgery _____        | <input type="checkbox"/> Laparoscopy _____     |
| <input type="checkbox"/> Cosmetic _____     | <input type="checkbox"/> Tubal Sterilization _____ | <input type="checkbox"/> Other Surgeries _____ |

Please list all serious illnesses and operations you have experienced and indicate year occurred

**3. MEDICATIONS:** Please list all medicines you are currently taking, including dosage and how often per day:

| Current Medications | Dosage (mg) | How often per day? |
|---------------------|-------------|--------------------|
| _____               | _____       | _____              |
| _____               | _____       | _____              |
| _____               | _____       | _____              |
| _____               | _____       | _____              |

Denies any Medications

**4. Please list all ALLERGIES** (food, drugs, and environment)

Denies any Allergies

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Continued on next page



Julien H. Meyer, Jr., M.D.      Dianna L. Curtis, M.D.      Jill A. Gaines, M.D.  
 Donna L. Musgrave, M.D.      Eric D. Swisher, M.D.      Mark W. Chewning, M.D.  
 Margaret Grove, M.D.      Elizabeth R. Martin, M.D.      Jamie Buck, M.D.  
 Lynn M. Keene, M.D.      Jill M. Arliss, M.D.      Stephanie Quinn-Phlipot, NP

21 Highland Avenue SE, Suite 200 • Roanoke, VA 24013 Telephone (540) 982.8881 • Facsimile (540) 982.0612

**PATIENT MEDICAL HISTORY (continued)**

**5. FAMILY HISTORY:** Has any blood relative had any of the following: (leave blank if uncertain)

Denies family history of     Breast Cancer     Colon Cancer     GYN Cancer

**Relationship**

Cancer \_\_\_\_\_

Type \_\_\_\_\_

Diabetes \_\_\_\_\_

Type \_\_\_\_\_

Heart Disease \_\_\_\_\_

Osteoporosis \_\_\_\_\_

Genetic Problem \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Stroke \_\_\_\_\_

Kidney Problems \_\_\_\_\_

Leg/Lung Blood \_\_\_\_\_

**6. MENSTRUAL HISTORY**

Age of 1st period \_\_\_\_\_ Days between period \_\_\_\_\_ Flow:  Light  Medium  Heavy  Clots

Total days on period \_\_\_\_\_ Last Period \_\_\_\_\_ Method of Birth Control \_\_\_\_\_

Menopausal: Yes/No Age Menopause # \_\_\_\_\_ Breakthrough bleeding: Yes/No Hormone Replacement Therapy: Yes/No

**7. PREGNANCY:**

Total pregnancy # \_\_\_\_\_ Full Term # \_\_\_\_\_ Premature# \_\_\_\_\_ Ectopic # \_\_\_\_\_ Terminated # \_\_\_\_\_

Miscarriages # \_\_\_\_\_ Multiple # \_\_\_\_\_ Living # \_\_\_\_\_

**Pregnancy details:**

| Birthdate | Weight | Gender | Type of Delivery | Complications | Location |
|-----------|--------|--------|------------------|---------------|----------|
|           |        |        |                  |               |          |
|           |        |        |                  |               |          |
|           |        |        |                  |               |          |
|           |        |        |                  |               |          |
|           |        |        |                  |               |          |
|           |        |        |                  |               |          |

**8. SOCIAL HISTORY**

Smoking (type & amount) \_\_\_\_\_

If former smoker, date quit \_\_\_\_\_

Alcohol (type & amount per week) \_\_\_\_\_

Street drugs (type & amount per day) \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_