CONFIDENTIAL

MEDICAL HISTORY

Sherman Oaks Family Medicine, Inc.
Donna Cashdan, D.O., F.A.A.F.P.

Last Name	First Name	M.I.	Date of Birth

Patient Concerns

Where were you born and raised?

Marital Status
◯ Single ◯ Married ◯ Divorced ◯ Widowed

Same Sex Partner? ◯ Yes ◯ No

Chronic Medical Issues?

List All Surgeries in Lifetime (with approx. Date)

Do you Smoke? ◯ Yes ◯ No

How much do you smoke?

Alcohol Use? ◯ Yes ◯ No

How much alcohol do you drink?

Ever been treated for alcohol abuse? ◯ Yes ◯ No

Drug Use? ◯ Yes ◯ No

Caffeine Use? ◯ Yes ◯ No

Date of Last TetanusVaccine		Any allergies to medicines?	◯ Yes ◯ No
Do you get yearly flu shots?	◯ Yes ◯ No	Any other allergies?	◯ Yes ◯ No

LIST ALLERGIES BELOW

FOR WOMEN ONLY

No. of Pregnancies _____ No. of Children _____

Last Mammogram?

Last PAP?

Abnormal PAP? ◯ Yes ◯ No

BIRTH CONTROL METHOD

	Pill		Condoms
	I.U.D.		Partner Vasectomy
	Depo		Trying to Conceive

Illnesses that have occurred in immediately family and/or grandparents

- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Stroke
- ☐ Cancers
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ Asthma
- ☐ Depression
- ☐ Kidney Disease
- ☐ Bleeding Tendency
- ☐ Tuberculosis
- ☐ Allergies

FAMILY MEDICAL HISTORY

Name	Alive?	Age at Death	Present Health of Cause of Death
FATHER			
MOTHER			
SPOUSE			
BROTHERS			
SISTERS			
CHILDREN			Ages of Living Children

Any Recent Injuries?	
Any Accidents?	
Hospitalizations?	
Medications being taken including over-the-counter and vitamins	

Primary Care Provider	
OB/GYN	
OTHER	

PREFERRED PHARMACY

Name	
Location	
Phone Number	

Do you have a Living Will or Advance Directives? ◯ Yes ◯ No

May we have a copy for your chart? ◯ Yes ◯ No

CERTIFICATION: To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child ever have a change in health.

_____

Signature of Patient, Parent, Guardian or Personal Representative

_____

Please print name of Patient, Parent, Guardian or Personal Representative