TRI VALLEY
HEALTH SYSTEM

History Intake Form

Name:_____ Date of Birth:_____

The information requested below will assist us in treating you safely. Please fill out and return to the receptionist or give to the nurse when you are called back to the clinic. Thank You.

MEDICATIONS & ALLERGIES

Allergies:

_____ Reaction:_____
_____ Reaction:_____
_____ Reaction:_____
_____ Reaction:_____
_____ Reaction:_____
_____ Reaction:_____

Medications:

Please Include any Prescription, Vitamins, Over-the-Counters, Inhalers, and Injectable

_____ Dose:_____ Frequency:_____
_____ Dose:_____ Frequency:_____
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Pharmacy:

(Preferred)_____ City:_____
_____ City:_____

VACCINATIONS

Please indicate the date the vaccine was received

- ☐ Tetanus Vaccine: _____
- ☐ Shingles Vaccine: _____
- ☐ Pneumonia Vaccine: _____
- ☐ Flu Shot: _____

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MEDICAL HISTORY

Please indicate all conditions you have experienced

- ☐ BPH
- ☐ Allergies
- ☐ Asthma
- ☐ Anxiety Disorder
- ☐ Cancer- Specify:
- ☐ COPD
- ☐ Crohn Disease
- ☐ Depression
- ☐ Diabetes- Type 1
- ☐ Diabetes- Type 2
- ☐ Epilepsy/Seizures
- ☐ Heart Disease
- ☐ Hypothyroidism
- ☐ Hyperthyroidism
- ☐ High Blood Pressure
- ☐ Elevated Cholesterol
- ☐ Migraines
- ☐ Osteoarthritis
- ☐ Stroke/CVA
- ☐ Urinary Disorders
- ☐ Other:_____
  _____
- ☐ Bone Density Scan/ DEXA:_____

Females:

- ☐ Currently pregnant

Number of:
____Pregnancies
____Live Births
___Miscarriages __Abortions

- ☐ Mammogram_____
- ☐ Pap Smear_____

Do you see any specialists for these conditions? If so, List Below:

Specialist: _____ Condition: _____
Specialist: _____ Condition: _____
Specialist: _____ Condition: _____

SURGICAL HISTORY

Please list all past surgeries including the date

☐ Colonoscopy _____ Date:_____
_____ Date:_____
_____ Date:_____
_____ Date:_____
_____ Date:_____
_____ Date:_____

FAMILY HISTORY

Please list all chronic health issues your immediate family members have

	Deceased:	*Chronic Illnesses:*
Father:	☐	_____
Mother:	☐	_____
Brother:	☐	_____
Sister:	☐	_____
Maternal Grandmother:	☐	_____
Maternal Grandfather:	☐	_____
Paternal Grandmother:	☐	_____
Paternal Grandfather:	☐	_____
Other:_____	☐	_____