



Oyster Point Family Practice

Name: _____

SSN: _____ Birth Date: _____

Insurance Co: _____

Allergies

Other MD's

Drug	Reaction	Drug	Reaction	Drug	Reaction
Penicillin				Sulfa	

Medical Problem List

Problem	Year	ICD-9	Problem	Year	ICD-9
High Blood Pressure			Anxiety or Depression		
Diabetes					
High Cholesterol					
Heart Attack					
Angina or CAD					

Surgical Problem List

Operation	Year	Operation	Year	Operation	Year
Tonsillectomy				Hysterectomy	
Appendectomy				Ovaries	
Hernia Repair					
Gallbladder					

Family History

Adopted

Relation	No.	Birth Year(s)	Death Age	Health Problems
Father	1	19....		
Mother	1	19....		
Brother(s)				
Sister(s)				
Son(s)				
Daughter(s)				
Other				

Social History

Occupation:	Ret Yr:	IV Street Drugs?
Status: Single Married Separated Divorced Widowed		CURRENT PAST NO
Yr:		Recreational Drugs?
Sexual Lifestyle: Traditional Alternative Sexually Active: YES NO		CURRENT PAST NO
Tobacco Cigarette Cigar Pipe Chew per day wk mo		Alcoholism?
Alcohol Beer Wine Mixed Liquor per day wk mo		CURRENT PAST NO