COMPEAN FAMILY MEDICINE
327 Stewart Road
Monroe, MI 48162
734-384-3660 phone
734-384-3661 fax

PATIENT HEALTH HISTORY

Today's Date: _____

Patient's Name: _____ Date of Birth: _____/_____/_____

SURGICAL HISTORY: Type of Surgery	Date of Surgery	Where was surgery performed?

MEDICATIONS: List medications you are currently taking. NAME OF MEDICATION	MEDICATION DOSAGE AND DIRECTIONS

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SOCIAL HISTORY Check (✓) which you use(d)		Describe how much you use(d) and for how long
	Alcohol	
	Caffeine	
	Drug Abuse	
	Tobacco	

FAMILY HISTORY: Fill in health information about your family.				
Relationship	Age	Age at Death	Cause of Death	DESCRIBE ANY MEDICAL CONDITIONS
Father				
Mother				
Brothers				
Sisters				

OB/GYN HISTORY: Fill in your OB/GYN health history			
Age at first period		How many pregnancies?	
Date of last menstrual period		How many full term pregnancies?	
How often do your periods occur?		How many pre-term pregnancies?	
How long do your periods last?		How many miscarriages?	
Have you had an abnormal pap smear? If yes, when.		How many abortions?	