Walk-In Clinic
ACADIAN HEALTH SERVICES, INC.

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Occupational Medicine: Injury Past Medical Record - Patient to Complete Shaded Area

Name: _____ Date: _____

DOB: _____ SSN: _____

Allergies:

Are you allergic to any of the following:

- ☐ Penicillin
- ☐ Sulfa
- ☐ Other antibiotics
- ☐ IVP Dye
- ☐ Any other medications (list): _____
- ☐ None of the above

Social History: Smoke ☐ Yes ☐ No

No. of years _____ Packs per d _____

Alcohol Consumption _____

Educational Level _____

Occupations _____

Previous Medical Illnesses:

Have you had any of the following:

- ☐ Asthma
- ☐ Emphysema
- ☐ Diabetes
- ☐ Tuberculosis
- ☐ Anemia
- ☐ Broken bones
- ☐ Anxiety/depression
- ☐ Gallbladder disease
- ☐ Heart attack/heart condition
- ☐ Kidney stones
- ☐ Arthritis
- ☐ Back pain
- ☐ Gout
- ☐ Thyroid condition
- ☐ Stroke
- ☐ Increased blood pressure
- ☐ Ulcer/colon disease
- ☐ Any other condition not listed: _____

Present Medication:

What medicines, if any, are you presently taking?

(List if possible) _____

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, when, where, and for what reason: _____

Past Surgical History:

Have you ever had any operations? ☐ Yes ☐ No

If yes, when, where, and for what reason? _____

Menstrual History:

- Regular periods
- ☐ Menopause
- ☐ Bleeding between periods
- ☐ Last mammogram_____
- ☐ Irregular periods
- ☐ Last Pap, date_____
- ☐ Hysterectomy
- ☐ No. of children_____
- ☐ No. of pregnancies_____

Please check any symptoms present in:

Head, Eyes, Ears, Nose & Throat:

- ☐ Dizziness
- ☐ Decreased vision
- ☐ Frequent headaches
- ☐ None of the above
- ☐ Hoarseness
- ☐ Decreased hearing
- ☐ Sinusitis

Cardiovascular & Respiratory:

- ☐ Chest pain
- ☐ Night sweats
- ☐ Shortness of breath
- ☐ None of the above
- ☐ Cough
- ☐ Bloody sputum
- ☐ Irregular heart beat

Gastrointestinal:

- ☐ Constipation
- ☐ Blood in stools or tarry stools
- ☐ Nausea and/or vomiting
- ☐ None of the above
- ☐ Abdominal pain
- ☐ Diarrhea

Genitourinary:

- ☐ Blood in urine
- ☐ Prostate problems
- ☐ Difficulty urinating
- ☐ None of the above
- ☐ Painful urination
- ☐ Testicle problems
- ☐ Hernia

Musculoskeletal:

- ☐ Arthritis
- ☐ Chronic pain