# Patient Health History

**Today's Date** / /

**Name**_____ **Email** _____

*By providing my email address, I authorize my doctor to contact me via the email address(es) provided.*

**Date of Birth** / / **Age** _____ **Gender** *(check one)* ❑ Male ❑ Female

**Race** *(check one)*

❑ White ❑ Black/African American ❑ Hispanic ❑ American Indian/Alaskan Native
❑ Asian ❑ Asian Indian ❑ Chinese ❑ Filipino
❑Samoan ❑ Guamanian or Chamorro ❑Other_____ ❑ I choose not to specify

**Multi-Racial** *(check one)* ❑Yes ❑No ❑ Unknown

**Ethnicity** *(check one)* ❑ Hispanic or Latino ❑ Not Hispanic or Latino ❑ I choose not to specify

**Preferred Language** *(check one)*

❑ English ❑ Spanish ❑ Other: _____

**Verification Question** *(choose only one question by circling the question, then give the answer to that question)*

❑ What is the name of your favorite pet? ❑ In what city were you born? ❑ What high school did you attend?
❑ What is your favorite movie? ❑ What is your mother's maiden name? ❑ On what street did you grow up?
❑ What was the make of your first car?

**Verification Answer to the Chosen question:** _____
*Answers must be at least 6 characters.*

**Do you currently smoke tobacco of any kind?** ❑ Yes ❑ Former smoker ❑ Never been a smoker

❑ Current every day smoker ❑ Current sometimes smoker

***If yes, what is your level of interest in quitting smoking?***

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10
*No interest* *Very Interested*

**Current medications, including frequency and dosage if known. If there are no current medications, check here: ❑**

| | Dosage | | Dosage |
|---|---|---|---|
| **1)** | | **5)** | |
| **2)** | | **6)** | |
| **3)** | | **7)** | |
| **4)** | | **8)** | |

**Have you ever been diagnosed with high blood pressure? Yes ❑ No ❑**

**List any known allergies you have had to any medications.**
**If no allergies are known, check here: ❑**

**1)** _____ **3)** _____

**2)** _____ **4)** _____

**To be performed by clinic staff:**

**Height:** _____inches **Weight:** _____ pounds **BP:** _____/ _____ Pulse _____