

METRO URGENT CARE, LLC

123 Concord Plaza Shopping Center Saint Louis, Missouri 63128
Phone: 314-270-9313 Fax: 314-270-9315

HEALTH HISTORY

Patient Last Name: _____ First Name: _____ M.I. ____ Date _____

Date of Birth: _____

DRUG ALLERGIES: _____ Reaction: _____

CURRENT MEDICATION: _____

CIRCLE ANY SURGERY THAT APPLIES, OR LIST UNDER "OTHER."

Heart Bypass, Appendectomy, Hysterectomy, Cholecystectomy (Gall Bladder Removal), Tonsillectomy, Hernia Repair, C-Section. OTHER: _____

WOMEN ONLY Pregnant? () Yes () No Planning Pregnancy? () Yes () No

PAST MEDICAL HISTORY:

Circle anything that applies or list under other.

Acid Reflux	Dizziness	High Cholesterol
Allergies	Diabetes	Meningitis
Anemia	Headache	Osteoporosis
Asthma	Heart Problems	Shortness of Breath
COPD/Bronchitis	Hepatitis	Thyroid Problems
Depression/Anxiety	High Blood Pressure	

OTHER: _____

FAMILY HISTORY:

Please specify which family member has the problem.

	TYPE	FATHER	MOTHER
ASTHMA			
BLEEDING DISORDER			
CANCER			
DIABETES			
GLAUCOMA			
HEART ATTACK/DISEASE			
HIGH BLOOD PRESSURE			
KIDNEY DISEASE			
MENTAL ILLNESS			
OSTEOPOROSIS			
STROKE			
THYROID DISEASE			

SOCIAL HISTORY:

Do you currently smoke or chew tobacco? Yes No If no, have you in the past? Yes No

How many packs per day? _____

Do you drink alcohol, beer, or wine? Yes No If no, have you in the past? Yes No

How many drinks per week? _____

Do you currently drink coffee and/or tea? Yes No If yes, how many cups per day? _____

Do you consume energy drinks? Yes No If yes, how many cups per day? _____