PHILLIPS FAMILY MEDICAL

726 S. Cockrell Hill Rd.
Duncanville, TX 75137
(972) 709-3415
(972) 709-3472 FAX

Medical History

Please check ONLY those that apply Patient Name _____

☐ High blood pressure	☐ Diabetes	☐ COPD
☐ High cholesterol	☐ Thyroid disease	☐ Stroke
☐ Heart problems:	☐ Depression	☐ Heart attack
_____	☐ Osteoporosis	☐ Blood clots
☐ Asthma	☐ Anxiety	☐ Ulcer
☐ Gout	☐ Acid Reflux	☐ Arthritis/Rheumatism
☐ GERD	☐ Eczema	☐ Cirrhosis
☐ Cancer:	☐ Psoriasis	☐ Heart attack
_____	☐ Other	☐ Hearing/vision issues

Past Surgical History

Procedure:	Date:	Date:
_____	_____	Colonoscopy No ☐ Yes ☐ _____
_____	_____	Mammogram No ☐ Yes ☐ _____
_____	_____	PAP Smear No ☐ Yes ☐ _____
_____	_____	

Social History

Type (snuff, chewing tobacco)

Tobacco: No ☐ Yes ☐ _____ Cigarettes Yes ☐ _____ pack/day _____yrs

Alcohol: Type _____ Amount/freq _____

Caffeine: Type _____ Amount/freq _____

Drugs: Type _____ Amount/freq _____

Exercise: No ☐ Yes ☐ /freq _____ Diet: No ☐ Yes ☐ /desc _____

TURN OVER PLEASE

Allergies

Medication or Substance:	Describe reaction or symptom:

Current Medications

Name:	Amount/Freq.:

Herbal, Vitamin or Nutritional Therapies

Name:	Amount/Freq.:

Family History

	Father	Mother	Siblings
Deceased?	☐	☐	☐
Alcoholism	☐	☐	☐
Asthma	☐	☐	☐
Bleeding Disorder	☐	☐	☐
Cancer	☐	☐	☐
Diabetes	☐	☐	☐
Heart Disease	☐	☐	☐
Heart Failure	☐	☐	☐
High Blood Pressure	☐	☐	☐
Mental Illness	☐	☐	☐
Osteoporosis	☐	☐	☐
Stroke	☐	☐	☐
Thyroid Disease	☐	☐	☐
Other			