


North Texas Family Medicine
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Welcome to North Texas Family Medicine.
*We value you; and look forward to the many years ahead together
 serving you, your friends, and your family.*
 In order to assist you more fully, please fill in the form below.

Present Concern: _____

<p>Personal</p> <p>Name: _____</p> <p>Date of Birth : ____/____/____ Age: _____</p> <p>Wear Glasses/Contacts: ___Yes ___No Hearing Device: ___Yes ___No Dentures: ___Yes ___No Other Assistive Device: _____</p> <p>Special Needs: _____</p>	<p>Social History</p> <p>___Single ___Married ___Divorced ___Separated ___Widowed With whom do you live? _____</p> <p><i>Alcohol:</i> ___Never ___1-2/month ___1-2/week ___1-2/day ___More <i>Tobacco:</i> ___Never ___Past ___Current For ___years; Packs per day ___½ ___1 ___2 ___More <i>Recreational Drugs:</i> ___Never ___Past ___Current For ___years; Type: _____ <i>Soda:</i> ___Never ___1-2/month ___1-2/week ___1-2/day ___More</p> <p><i>Education:</i> ___Grade School ___College ___Post-Grad ___In School full time ___In School part time <i>Employment:</i> ___Full time ___Part time ___Disabled ___Homemaker ___Job: _____</p>
<p>Allergies</p> <p>Food Allergies: ___NONE ___Eggs ___Gluten/Wheat ___Milk ___Nuts ___Shellfish OTHER: _____</p> <p>Medication Allergies: ___NONE ___Aspirin ___Codeine ___Hydrocodone ___IV Dye ___Lidocaine ___PCN ___Sulfa ___NSAIDs OTHER: _____</p> <p>Failure with Previous Medications: _____</p>	<p>Medications and Supplements</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Past Medical History (1st Year diagnosed)</p>  <p>___Allergies ___Asthma ___Arthritis ___COPD/Emphysema ___Diabetes ___Glaucoma ___Fibromyalgia ___Heart Disease ___High Blood Pressure ___Stroke ___High Cholesterol ___Cancer: _____ ___Hypoglycemia ___Hypothyroidism ___Other: _____</p>	<p>Year of Last Exam</p> <p>___Annual ___Bone Mineral Density ___Colonoscopy ___Diabetic Foot Exam ___Eye Exam ___Pap Smear *OR* ___Pulmonary Function Test ___Mammogram ___Sonogram: _____ OTHER: _____</p> <p>___Annual Blood Work ___Chest X-Ray ___Dental Exam ___EKG ___Hospitalization ___Prostate Exam ___Stress Test ___MRI/CT Scan: _____</p>
<p>Last Year of Immunizations</p> <p>___Flu ___Hepatitis ___HPV ___Shingles ___Tetanus ___OTHER: _____</p>	

Year of Last Visit & Name of Specialists	Past Surgical History (Year)
____ Cardiologist (Heart): _____	____ Appendectomy ____ Tonsillectomy
____ Dentist: _____	____ Angioplasty ____ Cardiac Bypass
____ Dermatologist (Skin): _____	____ Cosmetic: _____
____ ENT/Allergist: _____	____ Gallbladder
____ Endocrinologist (diabetes): _____	____ Hernia Repair
____ Gastroenterologist (Stomach): _____	____ Hysterectomy ____ Ovaries Removed
____ Gynecologist (Female): _____	____ Joint Surgery ____ Joint Replaced ____ Hardware
____ Ophthalmologist (Eye): _____	____ Which Joint? _____
____ Orthopedist (Bone): _____	____ Vasectomy/Tubes Tied
____ Neurologist (Brain): _____	____ OTHER: _____
____ Podiatrist (Foot): _____	-
____ Pulmonologist (Lung): _____	____ OTHER: _____
____ Psychiatrist: _____	-
____ Urologist (Kidney): _____	____ OTHER: _____
____ OTHER: _____	-

Family Medical History	Father	Mother	Sibling	Child	Mom's Parent (MGP)	Dad's Parent (PGP)	Other
<i>Allergies</i>							
<i>Asthma</i>							
<i>Arthritis</i>							
<i>Cancer:</i>							
<i>Bladder</i>	_____	_____	_____	_____	_____	_____	_____
<i>Breast</i>	_____	_____	_____	_____	_____	_____	_____
<i>Colon</i>	_____	_____	_____	_____	_____	_____	_____
<i>Leukemia</i>	_____	_____	_____	_____	_____	_____	_____
<i>Lung</i>	_____	_____	_____	_____	_____	_____	_____
<i>Ovarian</i>	_____	_____	_____	_____	_____	_____	_____
<i>Prostate</i>	_____	_____	_____	_____	_____	_____	_____
<i>Skin</i>	_____	_____	_____	_____	_____	_____	_____
<i>OTHER: _____</i>	_____	_____	_____	_____	_____	_____	_____
<i>COPD/Emphysema</i>							
<i>Diabetes</i>							
<i>Glaucoma/Cataract/Mac.Degen.</i>							
<i>Heart Disease</i>							
<i>Heart Attack</i>							
<i>Heart Attack <55yrs old</i>							
<i>High Blood Pressure</i>							
<i>High Cholesterol</i>							
<i>Hypoglycemia</i>							
<i>Hypothyroidism</i>							
<i>Smoker</i>							
<i>Stroke</i>							
<i>Other: What?</i>							

Update your information with us on-line before your next appointment, if able.
Our website is northtexasfamilymedicineltd.com.

Thank you, in advance, for allowing us to serve you.
We commit to treating you as we would want to be cared for. Luke 6:31