

**INTEGRITY FAMILY HEALTHCARE, P.C.**

1465 KELLY JOHNSON BLVD., SUITE 100  
COLORADO SPRINGS, CO 80920  
719-572-0951 - FAX 719-572-0955

**NAME** \_\_\_\_\_

**DATE** \_\_\_/\_\_\_/\_\_\_

**DOB:** \_\_\_/\_\_\_/\_\_\_

**AGE:** \_\_\_\_\_

**MEDICAL CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES TO DRUGS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ON GOING MEDICAL PROBLEMS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST SURGERIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST PREGNANCIES:**

Total # of Pregnancies: \_\_\_\_\_ # of Children: \_\_\_\_\_  
Problems of Pregnancies? [ ] Y [ ] N [ ] None

\_\_\_\_\_

1<sup>st</sup> Day of Last Period: \_\_\_/\_\_\_/\_\_\_

Contraception? [ ] Y [ ] N What? \_\_\_\_\_

Desire Children? [ ] Y [ ] N When? \_\_\_\_\_

**Social and Occupational History**

Occupation: \_\_\_\_\_

Exposure to Toxins? [ ] Y [ ] N

Smoke? [ ] Y [ ] N How Long? \_\_\_\_\_

Drink Alcohol? [ ] Y [ ] N How Often? \_\_\_\_\_

Past Drug Abuse? [ ] Y [ ] N What? \_\_\_\_\_

\_\_\_\_\_

Past Transfusions? [ ] Y [ ] N When? \_\_\_\_\_

Married? [ ] Y [ ] N How Long? \_\_\_\_\_

Hobbies? [ ] Y [ ] N What? \_\_\_\_\_

\_\_\_\_\_

Attend Church? [ ] Y [ ] N Where? \_\_\_\_\_

Pastor or Priest's Name: \_\_\_\_\_

\_\_\_\_\_

Travel Internationally? [ ] Y [ ] N Where? \_\_\_\_\_

**IMMUNIZATIONS: Names & Dates of most recent boosters or series**

Tetanus: \_\_\_\_\_ MMR: \_\_\_\_\_ Pneumovax: \_\_\_\_\_ Flu Shot: \_\_\_\_\_

Hep B: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ TB Skin Test \_\_\_\_\_ Other: \_\_\_\_\_

Hep A: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_