

(Confidential Medical Record)
Problem Oriented History Short Form
 Magalia-Pines Family Practice Medical Clinic
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Health Information: Preferred name to be called: _____ Today's Date: _____

Name: Last: _____ First: _____ Middle: _____

Home street address: _____ P.O. Box _____

City: _____ State: _____ Zip code: _____ Phone: _____

Age: _____ Date of Birth: _____ SS# _____ Gender: Male ___ Female ___

ALLERGIES: (Please list all medication/drug allergies first, and then food and environmental allergies.)

Medication/Drug Allergies: _____

Foods _____ Environmental _____

Occupation: _____ Any exposure to hazardous chemicals? Yes ___ No ___

Animals at home? (List all types) _____ Cigarette Smokers at home? Yes ___ No ___

Do you have a Medical Alert tag? Yes ___ No ___ If yes then why? _____ Are you handicap? Yes ___ No ___

Chief Complaint: (Please describe what is the main reason for your visit today?)

History of Present Illness: (Please answer any that apply, if applicable.)

When did you first notice the problem? _____ Location of the problem? _____

How long does the problem last? _____ Is the problem constant or variable? _____

Does anything make the problem worst? _____ Does anything make the problem better? _____

On a scale of 0-10 (with 10 being the most painful) circle the number that describes the problem: 0 1 2 3 4 5 6 7 8 9 10

Pain character is: Dull ___ Sharp ___ Dull then Sharp ___ Very sharp then stops ___ Other _____

Is anything else occurring at the same time? Yes ___ No ___ If yes, please explain: _____

Other comments regarding above problem: _____

Other Health Concerns: _____

Do you smoke?	No	Yes	(If yes; what type, how much and how long?)
Do you chew or dip?	No	Yes	
Do you drink alcohol?	No	Yes	
Do you use illicit drugs?	No	Yes	

Current medications: (please list all prescription medications. If over-the-counter medications/supplements check here _____ and list names on back side of this page).

Name of Medication	Dose	Frequency	Duration
1.	(example: 20 milligrams)	(example: twice daily)	(example: 2 years)
2.			
3.			