Thank You for considering becoming a patient at Piedmont Family Practice.

In order to ensure we are able to properly attend to your medical needs, please complete the questions below.

PAST MEDICAL HISTORY:

Have you ever had the following? Please check the appropriate box.

Medical Problems:	Yes	No
Asthma	[ ]	[ ]
Heart Disease:	[ ]	[ ]
High Cholesterol	[ ]	[ ]
Diabetes	[ ]	[ ]
Hypertension	[ ]	[ ]
GI Issues (ulcers/ colitis/IBS)	[ ]	[ ]
Kidney Disease	[ ]	[ ]
Orthopedic problems	[ ]	[ ]
Mental Health problems	[ ]	[ ]

Other: _____

_____

_____

PAST SURGICAL HISTORY

Surgeries: please list

_____

_____

_____

_____

_____

_____

_____

_____

MEDICATIONS: please list

Drug	Dose	Frequency