

PRINCETON PHYSICIANS GROUP

PATIENT INTAKE SHEET

Date: _____ Name: _____

Married _____ Single _____ Divorced _____ Widowed _____ Number of Children _____

ALLERGIES:

Please list Medications that you are Allergic or Intolerant to:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Social History:

- 1) Do you smoke ? Yes _____ No _____ At what age did you last quit ?
- 2) Do you or have you used drugs ? Yes _____ No _____
- 3) Do you drink alcohol ? Yes _____ No _____ Number of drinks per week _____

Family History:

Parents, Siblings, Aunts, Uncles, Grandparents (we are looking for histories of heart attacks, stroke, cancer, diabetes, bad arthritis, osteoporosis, hypertension, kidney disease, etc.).

<u>Relative</u>	<u>Alive</u>	<u>Dead</u>	<u>Age</u>	<u>Medical Problems</u>
1) Mother	_____	_____	_____	_____
2) Father	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____

MEDICATION LIST:

Please list the names and doses of medications you are currently taking.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Past Medical Problems (please list problems you have see a doctor for in the past. Do not include occasional sore throats and common cold type illnesses.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Past Surgeries:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Screening Tests:

(Please list the last date of each test)

Last Colonoscopy: _____

Last Pap smear: _____

Last Mammogram: _____

Last Bone Density: _____

Last Stress Test: _____

Consultants/Specialist:

Please list the names of the specialists you see
