ihc
Integrated HealthCare
of South Florida, LLC

Medical History

Patient Name:_____Date:_____

Reason For Visit(Chief Complaint):_____

Current Medical Condition:_____

_____

Drug/Food Allergies:_____

Current Medication:	
Drug	Dose

Surgeries:	

Vaccines	
Type	Date

Family History	
	Family Member
Asthma	
Cancer	
Diabetes	
Heart Attack	
High Blood Pressure	
High Cholesterol	
Kidney Disease	
Stroke	
Thyroid Disease	
Deceased:	

Social History
Tobacco Use?_____ How Much?_____How Long?_____
Alcohol Use?_____How Much?_____Beer/Wine/Hard Liquor
Do you Exercise?_____
Illicit Drugs use?_____