

Wattles Park Family Practice

1125 East Michigan Avenue, Ste. 5
Battle Creek, Michigan 49014

ADULT HISTORY

NAME: _____ DOB: _____ DATE: _____

DISEASE HISTORY: (Please check any of the following you have had)

Eye/Ear/Nose

- Eye Pain
- Double vision
- Glaucoma
- Hearing Loss
- Other

Lungs

- Bronchitis
- Emphysema
- Asthma
- Tuberculosis
- Other

Nervous System

- Headache
- Epilepsy
- Stroke
- Dizzy spells
- Other

Digestive System

- Constipation
- Diarrhea
- Stomach ache
- Heart burn
- Other

Heart

- High Blood Pressure
- Heart Disease
- Heart Attack
- Chest Pain
- Other

Muscular/Skeletal

- Arthritis
- Back Pain
- Joint Pain
- Broken Bones
- Other

Skin

- Acne
- Psoriasis
- Bruising
- Scars
- Other

General

- Diabetes
- Thyroid Problems
- Night Sweats
- Unusual Lumps
- Other

Kidney/Bladder

- Frequent urination
- Kidney Stones
- Bloody Urine
- Other

Social History

Do you smoke? Y N
Quantity _____

Do you drink? Y N
Quantity _____

Recreational drug
use Y N

Female History

Age of first period _____ Number of days of flow ____

of Pregnancies _____ Heaviness of flow _____

of Live Births _____ Abnormal Pap smears _____

of Miscarriages _____ Abnormal Mammograms ____

Abortions _____ Other _____

Personal History (please list)

Medications

1)	2)	3)
2)	3)	4)
3)	4)	5)
4)	5)	
5)		

Allergies

Surgeries (with dates)

Immunizations

Childhood series _____

Hepatitis series _____

Most recent Tetanus _____

Pneumovax _____

Family History (please list)

Breast cancer _____

Colon cancer _____

Other cancers _____

Heart disease _____

Strokes _____

Glaucoma _____

Clinical Comments:
