Mechanicsville Medical Center
family practice

7571 Cold Harbor Road
Mechanicsville, Virginia 23111
(804) 746-9055
Fax (804)730-2037

WELCOME TO OUR PRACTICE

As a new patient, please fill out the information found below to the best of your ability.

Patient # _____ Physician _____ Date_____

Patient Name _____ Chief Complaint _____

HISTORY OF PRESENT ILLNESS

Location		Quality	
Severity		Duration	
Timing		Context	
Associated Signs/ Conditions		Modifying Factor	

PATIENT MEDICAL HISTORY

Have you ever had the following (check "no" or "yes", leave blank if uncertain):

Measles	□ No	□ Yes	Venereal Disease	□ No	□ Yes	Blood or			Mitral Valve		
Mumps	□ No	□ Yes	Anemia	□ No	□ Yes	Plasma Infusions	□ No	□ Yes	Prolapse	□ No	□ Yes
Chicken Pox	□ No	□ Yes	Bladder Infections	□ No	□ Yes	Back Trouble	□ No	□ Yes	Stroke	□ No	□ Yes
Whooping Cough	□ No	□ Yes	Epilepsy	□ No	□ Yes	High or Low			Hepatitis	□ No	□ Yes
Scarlet Fever	□ No	□ Yes	Migraine Headaches	□ No	□ Yes	Blood Pressure	□ No	□ Yes	Ulcer	□ No	□ Yes
Diphtheria	□ No	□ Yes	Tuberculosis	□ No	□ Yes	Hemorrhoids	□ No	□ Yes	Kidney Disease	□ No	□ Yes
Smallpox	□ No	□ Yes	Diabetes	□ No	□ Yes	Asthma	□ No	□ Yes	Thyroid Disease	□ No	□ Yes
Pneumonia	□ No	□ Yes	Cancer	□ No	□ Yes	Hives or Eczema	□ No	□ Yes	Bleeding Tendency	□ No	□ Yes
Rheumatic Fever	□ No	□ Yes	Polio	□ No	□ Yes	AIDS or HIV+	□ No	□ Yes	Any other Disease	□ No	□ Yes
Heart Disease	□ No	□ Yes	Glaucoma	□ No	□ Yes	Infectious Mono	□ No	□ Yes	(please list)		
Arthritis	□ No	□ Yes	Hernia	□ No	□ Yes	Bronchitis	□ No	□ Yes			
						Date of Chest X-Ray					

Previous Hospitalization/Surgeries/ Serious Illnesses — When — Hospital, City, State

Are you currently being treated by any other physicians: □ No □ Yes (Please List)

PATIENT SOCIAL HISTORY

Martial status:	□ Single	□ Married	□ Separated	□ Divorced	□ Widowed
Use of alcohol:	□ Never	□ Rarely	□ Moderate	□ Daily	
Use of tobacco:	□ Never	□ Previously, but quit		□ Current, packs/day	
Use of drugs:	□ Never	□ Type/frequency			
Excessive exposure at home or work to:	□ Fumes	□ Dust	□ Solvents	□ Airborne particles	□ Noise

FAMILY MEDICAL HISTORY

	Age	Disease	If deceased, cause of death
Father			
Mother			
Siblings			
Spouse			
Children			