115 Professional Drive, Suite 104, Ponte Vedra Beach, FL 32082
P-904-930-4774 | F-904-647-2476 | BalancedPhysicianCare.com

Optimize Your Health.
Simplify Your Life.

Balanced Physician Care

Direct Primary Care - Integrative Medicine - Sports Medicine - Family Medicine - Acupuncture

NEW PATIENT HISTORY

Name: Today's Date

Date of Birth

Please List any Current and Past **Medical Problems** (Diagnosis given to you by an MD):

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

Please List your **Current Medical Prescriptions** (Medications)

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

Please List any **Supplements (Vitamins)** to take daily

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

Please List **Allergies to Medications** and the type of reaction (rash, upset stomach, etc.)

1.
2.
3.

Please List any Past **Surgeries** (and the year) :

Social History:

Do you smoke? Yes ◯ No ◯

Do you use any other tobacco products Yes ◯ No ◯

Do you drink alcohol Yes ◯ No ◯ If so, how many drinks a day?

Are you sleeping well?

Please List any medical problems in your Family Members (if unknown, state unknown)

Mother

Father

Brothers & Sisters

Children

Grandparents on your Mother's side

Grandparents on your Father's side