Portsmouth City Health Department
Connecting with Community

PRIMARY CARE HISTORY

PATIENT NAME _____**PHARMACY**_____**DOB** _____**AGE:**____

PAST OR PRESENT ILLNESS (circle all that apply):
☐NONE ☐OTHER_____
Diabetes Asthma Hepatitis Cancer
Heart Disease Thyroid Disorder Anemia
Liver Disease Kidney Disease Blood Clotting Disorder
Depression Anxiety High Blood Pressure
High Cholesterol Seizure Disorder

FAMILY HISTORY (Diabetes, Heart Disease, etc):

Relative	Diagnosis	Age
(Example)Mother	Diabetes	40

_____
_____
_____
_____
_____

MEDICATION(S):
Medication Allergies: ☐NONE ☐SEE LIST
_____
Current Medications & Prescribing Doctor: ☐NONE
_____
_____

Females Only

Pap History
Last Pap smear: _____
Was it normal? _____
History of abnormal pap smear? _____
If so, when? _____
Did you receive any treatment? _____

Birth Control
Current form of birth control:_____
Any side effects?_____

Period/Cycle History
First day of last period: _____

SURGERIES (Please include year): ☐NONE
_____
_____

LIFESTYLE/RISK FACTORS:
Alcohol? ☐ Less than 2 beers per day
☐ More than 2 beers per day ☐ None

Condom Use? ☐ No ☐ Occasionally ☐ Yes

Diet? ☐Balanced ☐ Overeating ☐ Undereating

Current drug Use? ☐Heroin ☐Inhaled ☐Marijuana
☐Other(s) ☐Downers ☐Uppers ☐ None

Last menstrual period? _____ ☐Male

Physical Activity/Exercise?
☐Mild Exercise ☐Occasional Vigorous Exercise
☐Regular Vigorous Exercise ☐Sedentary (no exercise)

Have you ever been sexually active? ☐ Yes ☐ No
Are you currently sexually active? ☐ Yes ☐ No
Number of Partners in the last year? _____

Have you ever had a Sexually Transmitted infection?
☐ Yes ☐ No
If so, what? ☐ Chlamydia ☐ Trichomonas
☐Herpes ☐ Gonorrhea ☐ Syphilis ☐ HIV

Tobacco Use?
☐ Current User: Packs per day _____
☐ Decreasing Tobacco ☐ Never ☐ Recently Quit

Males Only

☐Yes ☐No Have you had a vasectomy/sterilization?