GOODALL-WITCHER Healthcare

Goodall-Witcher Hospital
Goodall-Witcher Clinic in Clifton
Goodall-Witcher Clinic in Whitney
Goodall-Witcher Home Health Agency
Goodall-Witcher Nursing Facility
Goodall-Witcher Fitness & Wellness Center

Patient Name:_____ **DOB**_____ **Pharmacy Name**_____

CHRONIC ILLNESS/DISEASES

CURRENT MEDICATIONS

ALLERGIES_____ ☐ **NO KNOWN ALLERGIES**

SOCIAL HISTORY

Tobacco Use (□ Cigarettes /□ Smokeless Tobacco) Quantity_____ Years_____
Alcohol Use (□ Liquor /□ Beer /□ Wine) Quantity_____ Years_____
Illegal Drugs Use (Type, How Long)_____

☐ **NO SURGICAL HISTORY**

Procedure/Surgeries	Date	Health Maintenance	Date	Vaccines	Date
		Colonoscopy		Tdap/Td	
		Mammogram		Flu	
		Chest X-ray		Pneumonia	
		EKG		Prevnar	
		Pap Smear		Zostavax (Shingles)	
		Other		Other	

FAMILY HISTORY ☐ **UNKNOWN/ADOPTED**

	Mother	Father	Sister	Brother	GM(M)	GF(M)	GM(F)	GF(F)
Diabetes								
High Blood Pressure								
Heart Disease								
Cancer								
Stroke/CVA								

CHECK ANY MEDICAL PROBLEMS YOU MAY HAVE:

☐ Abdominal Pain
☐ Acid Reflux/GERD
☐ AIDS/HIV
☐ Anemia
☐ Anxiety
☐ Arthritis
☐ Asthma
☐ Basal Cell Carcinoma
☐ Blood Clot
☐ Breast Cancer
☐ Breast Lump/Pain
☐ Cancer
☐ Cirrhosis
☐ Colon Cancer
☐ Colonic Diverticulosis
☐ Congestive Heart Failure
☐ COPD
☐ Coronary Heart Disease
☐ Crohn's/Colitis
☐ Cyst_____location
☐ Defibrillator
☐ Depression
☐ Diabetes ____type
☐ Dialysis
☐ Gallstones
☐ Goiter
☐ Heart Attack_____year
☐ Heart Disease
☐ Hemorrhoids
☐ Hepatitis A/B/C
☐ Hernia
☐ High Blood Pressure
☐ High Cholesterol
☐ Irregular Heartbeat
☐ Irritable Bowel
☐ Kidney Stone/Problems
☐ Lesion _____site
☐ Liver Disease
☐ Lymphoma
☐ Mass _____ location
☐ Melanoma-Skin
☐ MRSA
☐ Neuropathy
☐ Pacemaker
☐ Prostate Cancer
☐ Rectal Bleeding
☐ Seizures
☐ Shortness of Breath
☐ Skin Cancer
☐ Sleep Apnea
☐ Thyroid Problems
☐ Stroke/TIA
☐ TB
☐ Other:_____
_____
_____

Is there a possibility you may be pregnant? ☐ Yes ☐ No

Number of pregnancies:_____ Full Term:_____ Miscarriages: _____ C-Sections: _____

Age of first period: _____ Age of menopause:_____ Age of hysterectomy:_____