

North Florida Senior Care

Medical and Social History Form

Phone: (850) 391-6222

Fax: (888) 698-2714

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Patient Name: _____ Date of Birth: _____

Social History:

Tobacco Current Type: Freq: 2nd hand Never Prior use Quit date:

ETOH Never Occasional Daily History of ETOH: (describe)

Caffeine Never Occasional Daily

Drug abuse Never Occasional Daily Prior use Quit date:

History of drug abuse: (describe)

Occupation:

Exercise type/frequency:

Home environment: Private home Assisted living Other: (describe)

Family History:

Family history use ✓ to indicate positive history									
	Self	Father	Mother	Sisters	Brothers	Aunts	Uncles	Daughters	Sons
Deceased									
Hypertension									
Heart disease									
Stroke									
Kidney disease									
Obesity									
Genetic disorder									
Alcoholism									

Family history continued use ✓ to indicate positive history									
	Self	Father	Mother	Sisters	Brothers	Aunts	Uncles	Daughters	Sons
Liver disease									
Depression or manic depressive disorder									
Colon or rectal cancer									
Breast cancer									
Other cancer									
Other:									

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Medical History:

Allergy list	
Allergies	Type of reaction

Medication list if noted elsewhere in chart, indicate location:					
Herbals, supplements, OTC drugs, substances of abuse	Date started	Date discontinued	Rx meds, dose, frequency, route	Date started	Date discontinued

Medication list <small>continued</small> if noted elsewhere in chart, indicate location:					

Injuries (since last physical exam)		
Date	Type	Treatment received

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Medical history				
Hospital visits since last office visit/reason	Facility	Attending physician	Date of hospital visit	Past surgeries (include date and description of any complications)

Problem list				
Chronic problems	Date added	Managing physician (if other)	Date updated	Initial
Acute problems (R=resolved)	Date added	Managing physician (if other)	Date updated	Initial

Other physicians and providers of care (this documentation not required for IPPE)		
Name & specialty/provider type	Type of care	Date discontinued