## Diley Medical Group New Patient History

Date: Name:			Date of Birth:
ivaille.	LAST FII	RST MI	MM/DD/CCYY
	LASI III	ASI WII	WIWI/DD/CC11
Pharma	acy:		
Curren	t Medications- please i	include your directions	
	F	•	
2)		8)	
		9)	
		10)	
		11)	
6) 12)			
Allergie	es to medication, x-ray	dyes, or food:	
Past Mo	edical History: check a	all that apply	
	☐ Alzheimer'	's/Dementia	☐ Hypertension
		S/ D cincinna	☐ Hypothyroidism
	□ Cancer		☐ Insomnia
		Artery Disease	☐ Obstructive Sleep Apnea
	□ Depression	•	□ Stroke/TIA
	□ Depression □ Diabetes	i	
		Mianainaa	□ Seizures
	☐ Headache/I	_	□ Other
	☐ Hyperlipid	emia	
Past Su	rgical History:		
Crmana	logical History, if ma	nonoveal age at manage	
Gynecological History: if menopausal, age at menopause:			
Family		•	Last mammogram:
		I act Eve Evam•	Most recent labwork:
Flu Vac		oumonio Voccinos	
Social	History:	<del></del>	Exercise level: None/Occasional/Moderate/Heavy
Married/Widowed/Divorced/Single			<b>Diet:</b> Regular/Vegetarian/Vegan/Gluten
Live alone or with others			free/Cardiac/Diabetic/Other:
Live in single level or multi-level home			Advance Directive: Yes/No
Occupation:			Difficulties with any of the following:
Education:			Caring for self
Smoking Status: Never/Former/Current			Transportation
packs/days for years			Hearing
Alcohol Intake: None/Occastional/Moderate/Heavy			Seeing Concentrating, remembering or making decisions
drinks/week			Walking
Illicit Drugs:			Climbing stairs
Caffeine Intake: None/Occasional/Moderate/Heavy			Dressing
Chewing Tobacco: None/1 day/2-4 day/5+ day			Bathing Doing errands alone