

Chennell Family Wellness
Alicia Chennell, MD
1101 N. Main Street McPherson, KS 67460

Adult Health History

Name: _____ Date: _____

Medical conditions: _____

Hospitalizations: _____

Surgeries: _____

Medications: _____

Allergies to medications and reactions: _____

Latex allergy: Yes/ No (please circle)

Smoking/other tobacco use: Never

_____ packs or cans per day, started _____ years ago.

Quit? How long ago? _____ After _____ years of smoking _____ packs/day

How much alcohol do you use in a typical week? _____

What do you prefer to drink? _____ How many drinks do you typically have in one setting? ____

Has anyone asked or have you ever felt like you should cut down? _____

Have you ever used street drugs? _____ If so, what? _____

Are you using any street drugs currently? _____

Where do you work? _____ What do you do at your job? _____

How far did you go in school? _____ Where? _____

Marital status: _____ Who lives with you? _____

Females: Last menstrual period _____ How many days between cycles? _____

How long do cycles last? _____ Problems with menstruation? _____

Are you preventing pregnancy? _____ How? _____

Preventative Health

Last tetanus shot: _____ Pneumonia shot: _____ Shingles shot: _____ Flu shot: _____

Last pap smear: _____ History of abnormal pap smears? _____

Last mammogram: _____ History of abnormal/more views/biopsies? _____

Last colonoscopy: _____ History of abnormal/when to repeat? _____

Last bone density (DEXA): _____ History of osteopenia or osteoporosis? _____

Last lipid (cholesterol) panel: _____ History of abnormal? _____

Family History

Please mark if your family members have/had:

	Son	Daughter	Brother	Sister	Mom	Dad	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad
Year of birth										
Living?										
If no, age, & cause of death										
Diabetes										
High B/P										
Heart disease										
Stroke										
Cancer										
-Type?										
Depression/anxiety										
Asthma										

Other/explain: _____