Stanford HEALTH CARE

Place patient label here

ADULT HISTORY FORM

Preferred Name: _____

What would you like to talk to your doctor about today?

_____

_____

Medications

☐ NONE

Please list all medications, including vitamins, herbal or natural supplements and prescription medications, which you are currently taking, note the dosage if possible.

Name	Dose and Directions

Allergies

☐ No known allergies

Please list all medication and food allergies if applicable.

Name	Reaction

Medical History

_____ _____

_____ _____

_____ _____

Surgical History

_____ _____

_____ _____

Provider History

Please list current or past providers.

Provider Name / Phone	Reason

Continued on reverse >

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Family Health History

Please indicate family members with history of health conditions.

Family Member	(L) Living (D) Deceased (U) Unknown	Age	Medical Condition
Child			
Mother			
Father			
Sister			
Brother			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			

Social History

Do you smoke or use any tobacco? ☐ Never ☐ Current ☐ Former: **Quit Date:** _____

Number of cigarettes per day?

Do you drink alcohol? ☐ Yes ☐ No

How many times in the past year have you had 5 or more drinks (men) or 4 or more drinks (women) in one day?

Have you ever used recreational/ illegal drugs? ☐ Yes ☐ No
If so, have you used an illegal drug or used a prescription medication for non-medical reasons in the past year? ☐ Yes ☐ No

Sexual Orientation

1) Do you consider yourself as:
o Lesbian, gay or homosexual
o Straight or heterosexual
o Bisexual
o Something else (please specify): _____
o Don't know
o Decline to answer

2) What is your current gender identity?
o Male
o Female
o Female-to-male (FTM)/Transgender Male/Trans Man
o Male-to-Female (MTF)/Transgender Female/Trans Woman
o Genderqueer, neither exclusively male nor female
o Additional gender category or other (please specify): _____
o Decline to answer

3) What sex were you assigned at birth on your original birth certificate:
o Male
o Female
o Decline to answer

4) Preferred gender pronoun:
o He/Him
o She/Her
o They/Them
o Something else (please specify): _____
o Decline to answer