



NEW PATIENT MEDICAL QUESTIONNAIRE

Macon County Public Health is accepting patients, whom are full time residents of Macon County, between the ages of 21-64, and are interested in receiving primary care. Potential patients are asked to complete this Medical Questionnaire prior to receiving an appointment.

Please be aware that MCPH will not accept the following for primary care services:

- Chronic pain management •Methadone Physicals • Disability Claims

Patient: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

CURRENT HEALTH NEEDS: Do you have any current pressing health issues that need to be addressed:

Previous Medical Provider: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

MEDICAL HISTORY-

If answer yes to any below, please explain:

Explanation of yes from Medical History:

\* Patient medical history

Table with 4 columns: Condition, Yes/No, Previous Hospitalizations/Surgeries/Serious Injuries, When? Rows include Mental/Behavioral Health, Urinary Conditions, Gastrointestinal Conditions, Diabetes, Hypertension, Cancer, Stroke, Heart Trouble, Arthritis/gout, Convulsions, Bleeding tendency, Lung Conditions, STD, Hereditary conditions.

\* Patient social history

Form for social history including Marital status, Use of alcohol, Use of tobacco, Use of drugs, and Excessive exposure at home or work to: Fumes, Dust, Solvents, Air-borne particles, Noise.

Family medical history

Table for family medical history with columns: Age, Diseases, If Deceased, Cause of Death. Rows for Father, Mother, Siblings, Spouse, Children.