



Southside Family Medical Group

5955 S. Emerson Avenue, Suite 100
Indianapolis, IN 46237

317-789-9600

317-789-0600 (fax)

Patient Health Information (for doctor's use)

Personal Information

Full Name: _____	Date of Birth: _____
Main Contact Phone Number: _____	Social Security Number: _____

Family Information

Marital Status: _____	Spouse's Full Name: _____
Children's Names & Ages: _____	_____ yrs. M / F
(√ check those who) _____	_____ yrs. M / F
(will be patients here) _____	_____ yrs. M / F
_____	_____ yrs. M / F

Professional Information

Occupation: _____	Employer: _____	Work Phone: _____
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Personal Medical History



Previous Doctor: _____

Anemia	<input type="checkbox"/>	Hospitalization / Surgeries	Year
Asthma	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>		
Chronic Pain	<input type="checkbox"/>		
Depression / Anxiety	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>	List Medications you are currently taking	Dosage Times Per Day
Heart Disease	<input type="checkbox"/>		
High Blood Pressure	<input type="checkbox"/>		
Lung Disease	<input type="checkbox"/>		
Migraine Headache	<input type="checkbox"/>		
Seasonal Allergies	<input type="checkbox"/>		
Seizures	<input type="checkbox"/>		
Stomach/Intestinal Problem	<input type="checkbox"/>		
Stroke	<input type="checkbox"/>		
Thyroid Problem	<input type="checkbox"/>		
Medication Allergies: <i>(list all medication allergies)</i>		Family History	Deceased Health Problems
		Father	
		Mother	
		Siblings	
		Children	

Habits

How many pack of cigarettes do you smoke a day: _____
How frequently do you drink alcohol? (circle one) none rarely monthly weekly daily

Current Medical Problems**Yes No Comments**

Severe or unusual headache			
Hearing Problems			
Problems with vision (other than nearsightedness or farsightedness)			
Sinus Problems or hay fever			
Hoarseness			
Problems with teeth or gums			
Severe skin problems			
Weight loss or gain			
Chest pains or discomfort			
Shortness of breath			
Cough or phlegm			
Stomach problems (pain, nausea, or vomiting)			
Diarrhea or constipation			
Blood in bowel movements or black bowel movements			
Difficulty or pain in urinating or blood in urine			
Painful joints			
Sexual difficulties			
Depression			
Severe sleep problems			
Severe stress			
Other, describe:			