SPECTRUM MEDICAL ASSOCIATES

2106 N. Jackson Street, Tullahoma, Tennessee 37388

Date: ______________________________

Patient Name: ______________________________

Please list any known **ALLERGIES**

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Please list all **CURRENT MEDICATIONS**

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____
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Please list all **SURGERIES**

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Please give the year-date of your most recent:

Blood Profile	________
Breast Exam	________
Chest X-Ray	________
Colonoscopy	________
EKG	________
Genitalia Exam (Male)	________
Hearing Test	________
Mammogram	________
Pap Smear	________
Rectal Exam/Prostate	________
Treadmill (stress) Test	________
Vision Test	________

WOMEN ONLY:

Age onset of menstrual period ________

Age at Menopause ________

Difficulty with periods? ________ yes ________ no

No. of Children: Born alive ________ Cesarean ________

Premature ________ Stillborn ________ Miscarriages ________

Describe Pregnancy Complications: ______________________________

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PERSONAL HABITS (please circle one):

Exercise Regularly (3-4x/wk)	never	occas.	often
Drink Alcohol	never	occas.	often
Smoke	never	occas.	often
Chew Tobacco	never	occas.	often
Wear Seat Belt	never	occas.	often

Date of Birth: ________________ Age: ________

Have you ever been in an accident? ____ yes ____ no

Explain: ______________________________

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Have you ever been hospitalized? ____ yes ____ no

Explain: ______________________________

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ADVANCE DIRECTIVE **YES** ☐ **NO** ☐

Do you have a **FAMILY HISTORY** of:

	Yes	Specify Member
Allergies	____	________
Arthritis	____	________
Asthma	____	________
Cancer	____	________
Depression	____	________
Diabetes	____	________
Emphysema	____	________
Headaches	____	________
Heart Disease	____	________
High Blood Pressure	____	________
Stroke	____	________
Thyroid Disease	____	________

Do you have a **PERSONAL HISTORY** of: (please circle all that apply)

Abdominal Bleeding
Allergies
Anemia
Arthritis
Asthma/Emphysema
Back Disorders
Black Tarry or Bloody Stool
Blood in Urine
Cancer Type ________________
Chest Pain
Colitis
Constipation
Convulsions/Epilepsy/Seizures
Depression
Diabetes
Diarrhea (chronic)
Dizziness
Enlarged Heart
Fainting Spells
Gallstones
Glaucoma
Headaches
Heart Disease
Heart Murmur
Hepatitis
High Blood Pressure
HIV

Indigestion
Irregular Heart Beat
Kidney Infection
Kidney Stone
Lung Disease
Lyme Disease
Nosebleeds
Nervous Disorder
Painful Urination
Paralysis
Phlebitis
Pleurisy
Pneumonia
Pus in Urine
Rheumatic Fever
Shortness of Breath
Stomach Ulcers
Stroke
Swelling of Feet
Swollen/Painful Joints
T.B.
Thyroid Disease
Venereal Disease
Vomited Blood
Other please specify:

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