Patient Name: _____

DOB: _____

Date: _____

NANTICOKE PHYSICIAN NETWORK
Always Caring. Always Here.

PAST MEDICAL HISTORY

Please Check All That Apply to You

☐ Acid Reflux	☐ COPD	☐ High Blood Pressure
☐ ADHD	☐ Dementia	☐ High Cholesterol
☐ Anemia	☐ Diabetes	☐ HIV
☐ Angina	☐ Depression	☐ Hyperthyroidism (Over Active)
☐ Anxiety	☐ Diverticulosis	☐ Hypothyroidism(Under Active)
☐ Arthritis	☐ Emphysema	☐ Irritable Bowel Syndrome
☐ Asthma	☐ Fainting	☐ Low Back Pain
☐ Atrial Fibrillation	☐ Fibromyalgia	☐ Migraine Headache
☐ Cancer	☐ Gallbladder Disease	☐ Seasonal Allergies
☐ Chronic Bronchitis	☐ Gout	☐ Seizures
☐ Chronic Kidney Disease	☐ Heart Attack	☐ Sexually Transmitted Disease
☐ Chronic Pain	☐ Heart Disease	☐ Tuberculosis
☐ Cirrhosis	☐ Hepatitis	☐ Urinary Tract Infection

Other Past Medical History: _____

_____

_____

SURGICAL HISTORY

Please Check All That Apply to You

☐ Amputation	☐ Gallbladder Surgery	☐ Oral Surgery
☐ Appendix Surgery	☐ GYN Surgery	☐ Pacemaker / Defibrillator
☐ Back Surgery	☐ Heart Bypass	☐ Thyroid Surgery
☐ Brain Surgery	☐ Heart Stents	☐ Tonsils / Adenoid Surgery
☐ Cataract Surgery	☐ Hip Surgery	☐ Tubal Ligation
☐ Cesarean Section	☐ Hysterectomy	☐ Vasectomy
☐ Colon Surgery	☐ Knee Surgery	☐ Weight Loss Surgery
☐ Ear Tubes	☐ Neck Surgery	

Other Surgical History: _____

_____

_____