TEXAS GULF COAST
medical systems

PHONE: (281) 604-1300 FAX: (281) 724-0355

Print Form

NOTE: This form can be filled out from your screen. Just click in the open space beside each query and type in the requested info.

You can click "Highlight Fields" in the top right corner of your PDF Reader to view all the fillable areas. Click the 'email' and/or 'print' button(s) above when finished.

ADULT HEALTH HISTORY

Fillable Form

Name

SOCIAL HISTORY

Smoking:	☐ Never	☐ Past	☐ Active		
Type of Tobacco smoked:	☐ Cigarette	☐ Cigar	☐ Pipe	☐ Snuff	☐ Dip	☐ Chewing
Alcohol:	☐ Never	☐ Past	☐ Active		
Alcohol Type:	☐ Liquor	☐ Wine	☐ Beer		
Alcohol consumptions per day:	☐ 1-2	☐ 2-3	☐ 4-5	☐ 5+	
Recreational drug use:	☐ Never	☐ Past	☐ Active		
Caffeine:	☐ Never	☐ Past	☐ Active		
Type of caffeine:	☐ Coffee	☐ Tea	☐ Soda		
Consumption of caffeine:	☐ 1-2	☐ 2-3	☐ 4-5	☐ 5+	
Education:	☐ Primary	☐ Secondary	☐ College	☐ Post Grad	☐ Doctorate
Sexually active:	☐ Yes	☐ No			
Marital Status:	☐ Single	☐ Married	☐ Divorced	☐ Widowed	☐ Separated
Living Status:	☐ Alone	☐ With spouse	☐ With parents	☐ Assisted	☐ Nursing Home
Diet:	☐ None	☐ Low fat	☐ Low cholesterol	☐ Low carb	☐ Vegetarian
Exercise:	☐ None	☐ Walking	☐ Aerobics	☐ Weightlifting	
Home smoke detector use:	☐ Yes	☐ No			

PAST MEDICAL HISTORY

Asthma	☐ Yes	☐ No	Anxiety	☐ Yes	☐ No
Allergic rhinitis	☐ Yes	☐ No	Depression	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Hypertension	☐ Yes	☐ No
Obesity	☐ Yes	☐ No	Pulmonary embolism	☐ Yes	☐ No
Blood transfusion	☐ Yes	☐ No	Cancer	☐ Yes	☐ No
CHF	☐ Yes	☐ No	COPD	☐ Yes	☐ No
Esophageal reflux	☐ Yes	☐ No	Heart disease	☐ Yes	☐ No
Neurological disorders	☐ Yes	☐ No	Osteoporosis	☐ Yes	☐ No
Sleep apnea	☐ Yes	☐ No	Thyroid disease	☐ Yes	☐ No
High cholesterol	☐ Yes	☐ No			
Have you had surgery within the past year		☐ Yes	☐ No		

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Texas GULF COAST MEDICAL GROUP

ADULT HEALTH HISTORY

Name

FAMILY HISTORY

Mother				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Father				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Paternal Grand Father				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Paternal Grand Mother				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Maternal Grand Father				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Maternal Grand Mother				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Siblings				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems
Children				
	☐ Heart disease	☐ Diabetes	☐ Hypertension	☐ Hyperlipidemia
	☐ Thyroid disease	☐ Cancer	☐ Lung disease	☐ Arthritis
	☐ Circulation problems	☐ Depression	☐ Blood transfusion	☐ Kidney problems

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