



305 N. 37<sup>th</sup> St. Norfolk, NE 68701-3275  
P: 402-370-4100 F: 402-370-4101

## MEDICAL HISTORY

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Chronic Health Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History: (please include what age and reason family member died)

FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

GRANDPARENTS: (PATERNAL): \_\_\_\_\_

(MATERNAL): \_\_\_\_\_

Social History:

Drink Alcohol:

Smoke:

Daily Second Hand Exposure:

Chew:

Regular Exercise:

History of Illicit Drug Use:

Occupation: \_\_\_\_\_