

Heartland Urgent Care

965 South 27th Street, Suite D
Lincoln, NE 68510

1265 South Cotner Blvd, Suite 41
Lincoln, NE 68510

HEALTH HISTORY FORM

Patient Name: _____ DOB: _____

In order to provide the best care possible at Heartland Urgent Care, your provider needs to know your health history. This information is a confidential part of your medical record and is used to help with your diagnosis and treatment. Please answer the following questions to the best of your knowledge.

1. Does the patient have any chronic conditions? YES NO
(ie: asthma, high blood pressure, diabetes...etc. **Anything that requires daily/regular medications**)

2. Has the patient had any surgeries? YES NO
If yes, type and dates: _____

3. Is the patient taking any medications? YES NO
THIS INCLUDES PRESCRIPTION, VITAMINS, HERBS, AND OVER THE COUNTER MEDICATIONS.
*****Please make sure ALL CONDITIONS that medications are being taken for are listed above.*****

If you carry a list of medications taken, please provide and we can copy.

Medication Name: _____	Dose/frequency: _____	If more space is needed, please ask for an additional form
_____	_____	
_____	_____	
_____	_____	
_____	_____	

4. Family History: (List Relatives with any of the following problem and if outside of immediate, please indicate if Maternal or Fraternal side)

Heart Disease: _____

High Blood Pressure: _____

Diabetes Type 1: _____ Diabetes Type 2: _____

Respiratory Disease: _____

Cancer: _____

Emotional Problems: _____

Other Inherited Diseases: _____

5. Does the patient have any drug allergies? YES NO

_____	Type of Reaction _____
_____	Type of Reaction _____
_____	Type of Reaction _____
_____	Type of Reaction _____

6. Health Habits: (Circle most appropriate)

Tobacco Use: Never Rarely Frequently
 For How Long? _____ How much do you a smoke a day? _____

Alcohol: Never Rarely Frequently

Street Drugs: Never Rarely Frequently

For Minors:

Does anyone in the household they currently live In smoke? YES NO