SmartCare
COMMUNITY CLINIC INC

7018 Owensmouth Ave Ste 101
Canoga Park Ca 91303 Tel :(747)755-5070 Fax:(747)755-5071
Email: SmartCareCommunityClinic@yahoo.com

Adult Health History

Patient's Name: _____ **Date of Birth** _____ **Date**____

History of past Illnesses ; Have you ever had?

Measles YES / NO	Chicken Pox YES / NO	Rheumatic Fever YES / NO
Mumps YES / NO	Stroke(s) YES / NO	Heart Disease YES / NO
Tuberculosis YES / NO	Venereal Disease/STDs YES / No	Serious Illness YES / NO

Have you ever been hospitalized? Yes/No Explain:_____
Have you ever had surgery? Yes/No Explain:_____
Have you had broken bones? Yes/No Explain:_____
Concussions/head injuries? Yes/No Explain:_____

Date of last tetanus vaccine: Pap smear(Women): Mammogram(Woman:

Family History; Has anyone in your family had?

Cancer
Diabetes
Heart problems
High blood pressure
Seizures
Suicide Attempts

Social History

Martial Status __Single __Married __Separated __Divorced __Widowed
Do you drink alcohol? Yes No
Do you smoke? Yes No
Are you sexually active? Yes No
Level of Education:_____
Ethnicity: _____

Overall Systematic Review

Have you had any weight changes? Yes No
Have you been in good health for most of your life?