



SIERRA MADRE COMMUNITY MEDICAL GROUP

147 W. Sierra Madre Boulevard, Sierra Madre, CA 91024

Health Assessment

Patient Name: _____

DOB: _____

Personal Medical History (please list all medical conditions)

Personal Surgical History (please list all prior surgery and dates)

Family History (please list known conditions of family members)

Mother:
Father:
Siblings:
Maternal Grandparents:
Paternal Grandparents:
Uncle/Aunts:
Other:

Social History

Do you smoke? (Y / N) # of years: #of cigarettes per day:	Do you drink alcohol? (Y / N) # of drinks/day:
History of illicit drug use? (Y / N) Please list any:	Do you exercise? (Y / N) Activities: Frequency per week:

Health Maintenance Screening (please list test dates and known results)

Sigmoid/colonoscopy	PSA
Mammogram	Cholesterol
Bone Density	Hemoglobin A1C

Vaccinations (please list dates of vaccine received)

Flu Shot	Pneumonia	Tetanus/TDAP	Gardasil
Meningococcal	Hepatitis B	Hepatitis A	