



**JOHN A. TAYLOR**  
**WEATHERSTONE FAMILY WELLNESS**  
**HIGHPOINT HEALTH PARTNERS**

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Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**PAST AND PRESENT MEDICAL CONDITIONS: CIRCLE ALL THAT APPLIES TO YOU**

- |                          |                        |                    |
|--------------------------|------------------------|--------------------|
| Alcohol/Drug Problem     | COPD                   | HIV/AIDS           |
| Acid Reflux              | Dementia               | Kidney Disease     |
| Anemia                   | Depression             | Liver Disease      |
| Anxiety                  | Diabetes               | Migraine Headaches |
| Arthritis                | Emphysema              | Prostate Problem   |
| Asthma                   | Gout                   | Seizure Disorder   |
| Atrial Fibrillation      | Fibromyalgia           | STD - type _____   |
| Bipolar Disorder         | Heart Attack           | Sleep Apnea        |
| Blood Clots              | Heart Disease          | Stroke             |
| Cancer - type _____      | Hepatitis - type _____ | Thyroid Disorder   |
| Colon problem _____      | High Blood Pressure    | Other _____        |
| Congestive Heart Failure | High Cholesterol       | _____              |

**MEDICATIONS: MEDICATIONS YOU CURRENTLY TAKE INCLUDING OVER THE COUNTER MEDICATIONS.**

<u>MEDICATION</u>	<u>DOSE / DIRECTIONS</u>	<u>MEDICATION</u>	<u>DOSE / DIRECTIONS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ALLERGIES:** \_\_\_\_\_

**SURGICAL HISTORY: LIST YOUR PREVIOUS SURGERIES**

<u>SURGERY</u>	<u>YEAR</u>	<u>SURGERY</u>	<u>YEAR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FAMILY HISTORY: CHECK ALL THAT APPLY**

	LIVING	CANCER (TYPE)	DIABETES	HIGH BLOOD PRESSURE	HIGH CHOLESTEROL	THYROID PROBLEM	LIVER DISEASE	DEMENTIA	DEPRESSION
FATHER									
MOTHER									
SIBLINGS									
CHILDREN									

**SOCIAL HISTORY: CIRCLE ALL THAT APPLY**

**MARITAL STATUS:** NEVER MARRIED / MARRIED / DIVORCED / SEPARATED / WIDOWED / PARTNERED - SIGNIFICANT OTHER

**TOBACCO USE:** NEVER / PREVIOUS SMOKER (QUIT DATE \_\_\_\_\_) (YRS SMOKED \_\_\_\_\_) (PACKS PER DAY \_\_\_\_\_)  
 CURRENT SMOKER (PACKS PER DAY \_\_\_\_\_) (YEAR STARTED \_\_\_\_\_) / SMOKELESS TOBACCO

**ALCOHOL USE:** NONE / OCCASIONAL / REGULAR - NUMBER OF CANS/GLASSES PER DAY \_\_\_\_\_ / YEAR STOPPED \_\_\_\_\_

**STREET DRUGS:** NEVER / IN THE PAST / OCCASIONALLY / FREQUENTLY

**EXERCISE:** NEVER / OCCASIONAL / FREQUENTLY / TIMES PER WEEK \_\_\_\_\_ / TYPE \_\_\_\_\_