

Cloutier Family Practice, LLC  
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## Patient History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: S M D W

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

Children: \_\_\_\_\_ Grade \_\_\_\_\_

Extracurricular Activities/Sports: \_\_\_\_\_

Past Medical History:

Past Surgical History:

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Last Mammogram: \_\_\_\_\_

Last Bone Scan: \_\_\_\_\_

Last Pap Smear: \_\_\_\_\_

Last Colonoscopy: \_\_\_\_\_

Last PSA (prostate specific antigen): \_\_\_\_\_

Vaccinations: Tdap \_\_\_\_\_ Pneumonia \_\_\_\_\_ Flu \_\_\_\_\_

Other \_\_\_\_\_

Medications (Can provide a list to copy):  
*include all OTC daily medications*

Allergies:

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# Patient History

## SOCIAL HISTORY

Live with \_\_\_\_\_

Tobacco: \_\_\_\_\_cigarettes/day \_\_\_\_\_packs/day for \_\_\_\_\_years

if former quit date\_\_\_\_\_

Alcohol: \_\_\_\_\_drinks/week

Drug use\_\_\_\_\_

Exercise regimen\_\_\_\_\_

## FAMILY HISTORY

if living  
Medical History

if deceased  
age/cause

Father \_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
\_\_\_\_\_

Brother(s) \_\_\_\_\_  
\_\_\_\_\_

Sister(s) \_\_\_\_\_  
\_\_\_\_\_