

Mahwah Medical Patient History Registration-Page 1

Patient Name _____ Date of Birth _____

Preferred Language _____ Reviewed by Provider _____

What is the reason for your visit today?

Social History

Marital Status

__Married __Single __Divorced __Widowed
__Other

Tobacco Use

__Once used tobacco Type _____
How long? _____
__Quit How long ago? _____

Alcohol Use

Do you or did you ever drink alcohol?
__ yes __ no
What type? _____

Employment

__Employed __Unemployed __Student __Retired

What type of work do/did you do?

Do you have Health Insurance? _____

Do you have an Advanced Directive or
Healthcare Proxy? _____

Would you like Mahwah Medical to keep it in your
File? _____

Name and address of your Legal Guardian or
A Primary Caregiver, if applicable _____

Patient
Signature: _____

Screening Medical History

Cholesterol Yes__ No__
If so, when? _____
Colonoscopy Yes__ No__
If so, when? _____
Bone Density Yes__ No__
If so, when? _____
Mammogram Yes__ No__
If so, when? _____
Pelvic Exam Yes__ No__
If so, when? _____
Prostate Bloodwork PSA Yes__ No__
If so, when? _____
TB test for Tuberculosis Yes__ No__
If so, when? _____
Eye Exam Yes__ No__
If so, when? _____
Dental Exam Yes__ No__
If so, when? _____
Dermatology Yes__ No__
If so, when? _____
Complete Physical? Yes__ No__
If so, when? _____

Immunization History: Dates

Hepatitis A series _____
Hepatitis B series _____
Tetanus _____
If so, when? _____
Influenza _____
Others: _____

Date: _____