NORTH SHORE
Primary Care

1900 Hollister Drive, Suite250
Libertyville IL, 60048
Ph: (847) 573-9663 | Fax: (847) 573-9662
www.northshoreprimarycare.com

Patient name: _____ Date: _____

Do you or have you ever experienced any of the following (Please mark all that apply):

High blood pressure/ Hypertension
High cholesterol/ Hyperlipidemia
Diabetes: *Type:* I or II
Headaches/Migraine
Asthma
Heart attack/Stents/Stress test
Stroke
Panic attacks/Anxiety/Depression
Irritable bowel/Crohn's/Colitis
Thyroid Disease
Blood clots
Kidney stones
Glaucoma
Osteoporosis
Heartburn/GERD/Reflux
Hemorrhoids
Varicose veins
Leg pain with walking
Rheumatoid arthritis or
Auto immune condition
Heart murmur
Swollen legs or feet

History of Surgeries? Hospitalizations?

_____
_____

Do you now, or have you ever?
Drink alcohol? Yes / no
How much? _____
Use recreational drugs? Yes / no
specify _____
Drink caffeine? Yes / no
How much? _____
Exercise Yes / no
How often? _____
Dietary restrictions? Yes / no
specify _____

Do you have allergies (medication, seasonal, environmental).

_____
_____

FOR WOMEN ONLY
Are you still having a menstrual cycle?
Yes / No
Number of pregnancies_____
Number of live births_____
Have you ever had an abnormal pap?_____

FOR MEN ONLY
Prostate problems
Prostate cancer
BPH (Enlarged prostate)

Current medications: _____
_____

	Diabetes	Hypertension	Heart	Stroke	Mental	Cancer	Hyperlipidemia	Other
Child 1								
Child 2								
Child 3								
Father								
Grandmother								
Grandfather								
Mother								
Grandmother								
Grandfather								