PATIENT HISTORY SHEET - MARK J. BUCHFUHRER, M.D.

Name: _____ Date: _____

Medical History ❒ none	Date	**Past Surgeries ❒ none**	Date
❒ High blood pressure		❒ Appendix	
❒ Diabetes ❒Last retinal eye exam		❒ Gallbladder	
❒ Heart Attack		❒ Cataracts ❒ Right ❒ Left	
❒ High Cholesterol		❒ Hernia ❒ Right ❒ Left	
❒ Asthma ❒ Sinus allergies		❒ Hysterectomy ❒ Vasectomy	
❒ Cancer-type:		❒ Tubal Ligation ❒ D&C	
❒ Hiatal Hernia ❒ Irritable bowel		❒ Coronary artery bypass	
		❒ Tonsillectomy	
		❒ Knee ❒ Right ❒ Left	
		❒ Shoulder ❒ Right ❒ Left	

MEDICATION ALLERGIES: ❒ None ❒ Penicillin ❒ Sulfa ❒ Erythromycin ❒ Bactrim ❒ Tetracycline

Other Allergies: _____

HABITS: Cigarettes: ❒ Never. _____ packs per day for _____ years. Quit in _____

Alcohol (per day): ❒ None. ❒ Occasional. Beer _____ cans, Wine ___ glasses, Hard liquor _____ oz.

Caffeine: ❒ None. _____ cups per day. Colas: _____ glasses per day. ❒ Decaf only

Street Drugs: ❒ No ❒ Yes ❒ Marijuana ❒ Cocaine ❒ Heroin ❒ Other: _____

Exercise: ❒ None. ❒ Occasional Regular - ❒ 1-3 days/week ❒ 4-7 days/week

Diet: ❒ well balanced ❒ not well balanced ❒ Restricted in _____

Pets: ❒ None ❒ Dogs ❒ Cats ❒ Birds ❒ Indoor ❒ Outdoor ❒ Both Indoor/Outdoor

Occupational Exposure: ❒ Dust ❒ Chemicals ❒ Fumes ❒ Mines ❒

Occupation: _____

FAMILY HISTORY: ❒ Diabetes ❒ High Blood Pressure ❒ Strokes ❒ Heart Attacks

❒ Cancer - type: _____

❒ Other: _____

IMMUNIZATIONS: ❒ Tetanus - date: _____ ❒ Pneumonia - date: _____ ❒ Influenza - date: _____

PREVIOUS TESTS: Cholesterol - date: _____ Mammogram - date: _____ Pap smear - date: _____

FOR OFFICE USE ONLY Patient given instructions & advice regarding Healthy Living Goals (attached). ❒ Patient declines to complete form.