

**BOULDER ENDOCRINOLOGY, PLLC**  
**NEW PATIENT HISTORY FORM**

NAME \_\_\_\_\_  
 DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DO YOU HAVE (OR HAVE YOU HAD) ANY OF THE FOLLOWING CONDITIONS?

	Yes	No		Yes	No
DIABETES			ASTHMA		
HIGH BLOOD PRESSURE			EMPHYSEMA OR COPD		
CHOLESTEROL PROBLEM			ANEMIA		
HEART PROBLEMS			STOMACH ULCER		
STROKE			HEARTBURN		
SEIZURES			ARTHRITIS		
THYROID PROBLEMS			HIV INFECTION		
LIVER PROBLEMS			CANCER		
KIDNEY PROBLEMS			ANXIETY		
OSTEOPOROSIS			PANIC ATTACKS		
BROKEN BONES			DEPRESSION		

PLEASE LIST ANY OTHER MEDICAL PROBLEMS YOU HAVE OR ANY OTHER REASON YOU SEE A DOCTOR:

PLEASE LIST ANY OPERATIONS OR HOSPITALIZATIONS YOU HAVE HAD, WHERE THESE OCCURRED, AND THE YEAR PERFORMED:

**IMMUNIZATIONS:**

WHEN WAS YOUR LAST PNEUMONIA VACCINE? \_\_\_\_\_  NEVER HAD  
 WHEN WAS YOUR LAST INFLUENZA (FLU) VACCINE? \_\_\_\_\_  NEVER HAD

PLEASE LIST ANY MEDICATION **ALLERGIES** OR **BAD REACTIONS** TO MEDICATIONS THAT YOU HAVE HAD:

WHAT IS YOUR MARITAL STATUS? \_\_\_\_\_  
 HOW MANY CHILDREN DO YOU HAVE? \_\_\_\_\_  
 WHAT IS YOUR OCCUPATION? \_\_\_\_\_

DO YOU SMOKE?  YES  FORMER  NEVER  
 DRINK ALCOHOL?  YES  NO

**FAMILY HISTORY:**

	AGE IF LIVING	AGE AT DEATH	CAUSE?
MOTHER			
FATHER			
BROTHERS			
NO. LIVING			
NO. DEAD			
SISTERS			
NO. LIVING			
NO. DEAD			

HAVE ANY FAMILY MEMBERS BEEN DIAGNOSED WITH THE FOLLOWING? WHO HAS THIS?

- DIABETES  YES  NO
- HIGH BLOOD PRESSURE  YES  NO
- HIGH CHOLESTEROL  YES  NO
- HEART ATTACKS AND/OR BYPASS SURGERY  YES  NO
- STROKE  YES  NO
- CANCER  YES  NO
- THYROID PROBLEMS  YES  NO
- KIDNEY STONES  YES  NO
- OSTEOPOROSIS  YES  NO

FOR WOMEN ONLY:

HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL CYCLE? \_\_\_\_\_  
 ARE YOUR MENSTRUAL CYCLES REGULAR?  YES  NO  
 WHAT WAS THE DATE YOUR LAST MENSTRUAL CYCLE STARTED? \_\_\_\_\_  
 HAVE YOU GONE THROUGH MENOPAUSE?  
 NO  YES, AT AGE \_\_\_\_\_  
 HOW MANY TIMES HAVE YOU BEEN PREGNANT? \_\_\_\_\_  
 HOW MANY CHILDREN HAVE YOU HAD? \_\_\_\_\_  
 HOW MANY MISCARRIAGES HAVE YOU HAD? \_\_\_\_\_

PHYSICIAN NOTES:

REVIEWED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_

