

SOUTHERN MAINE WELLNESS WORKS
INTEGRATIVE HEALTH CENTER
1662 Post Road, Unit B2-A, Wells, ME 04090
T (207) 360-2029 F (207) 360-2032

Patient: _____ **DOB:** _____ **Male/Female** _____ **Date:** _____

Email address: _____

REASON FOR YOUR VISIT: _____

PAST MEDICAL HISTORY: _____

SOCIAL HX: Married _____ Divorced: _____ Single: _____ Occupation _____

Alcohol intake _____ Tobacco _____ Recreational drugs _____

FAMILY HISTORY: _____

SURGICAL HISTORY: _____

ALLERGIES: _____

GYN HX: LMP _____ Last GYN/pap exam _____ Was it normal? _____

Pregnancies _____ Children: _____ Miscarriages _____ Abortions _____

PREVENTIVE HEALTH: Last physical exam: _____ Colonoscopy: _____ Bone density: _____

Mammogram: _____ Prostate exam: _____ Eye exam: _____

Other: _____

IMMUNIZATION HISTORY; Td/Tdap _____ Shingles _____ Pneumovax _____

Flu vaccine: _____ COVID-19 vaccine: #1 _____ #2 _____

Other immunizations: _____

CURRENT MEDICATION/SUPPLEMENTS:

<u>Medication</u>	<u>Dose & Frequency</u>	<u>Medication</u>	<u>Dose & Frequency</u>

Have there been any changes in your health? _____

Have you lost or gained weight in the past year? _____ If so, how much? _____

Height _____ Weight _____

Provider: _____ Date: _____