QUAIL RIDGE FAMILY PRACTICE
Mark C Hudson, DO, FAAFP
1 Doctors Park – Cairo, GA 39828
Phone 229-378-8110 / Fax 229-378-8109

ADULT HEALTH HISTORY UPDATE - ESTABLISHED PATIENTS

Date: _____

Patient Name: _____

Date of Birth: _____

CURRENT MEDICATIONS

MEDICATION	DOSE	# OF TIMES PER DAY

OVER THE COUNTER MEDICATIONS

MEDICATION	DOSE	# OF TIMES PER DAY

MEDICATION ALLERGIES/SENSITIVITIES

MEDICATION	REACTION

**Please update information in the following sections if there have been any changes in the past year or since your last visit.

DATE	MEDICAL CONDITIONS
DATE	RECENT SURGERIES
DATE	RECENT HOSPITALIZATIONS

Patient Name: _____
Date of Birth: _____

FAMILY HISTORY

** Please note any changes in the last year.

FAMILY MEMBER	ALIVE / DECEASED	AGE	HEALTH PROBLEM(S)
Father			
Mother			
Brothers			
Sisters			
Children			
Other			

DATE	IMMUNIZATIONS RECEIVED ELSEWHERE	PRIMARY PHYSICIAN – Mark Hudson, D.O.
		OTHER PHYSICIANS THAT YOU HAVE SEEN –

ANESTHESIA REACTIONS: **YES** **NO**
BLEEDING PROBLEMS: **YES** **NO**
LIVING WILL: **YES** **NO** ** Talk to Dr. Hudson if you have any questions.

SOCIAL HISTORY

Have you stopped or started using tobacco? Yes No
How many packs/day _____
Are you around secondhand smoke? Yes No
Do you drink alcohol? Yes No How often? _____
Do you use any recreational drugs? Yes No
Do you drink caffeine? Yes No
Occupation _____ Full time / Part time
Change in marital status? Yes No Explain: _____
Have you traveled outside the United States in the past year? Yes No

_____ _____
Signature of Patient or Legal Representative Date