Bayhealth
Kent General • Milford Memorial

1275 S. State Street, Dover, DE 19901
phone (302) 678-1303 fax (302)736-4332

301 Jefferson Avenue, Milford, DE 19963
phone (302) 430-5705 fax (302)430-5679

Patient Label

MEDICAL HISTORY FORM – OCC HEALTH

PLEASE COMPLETE THE FOLLOWING INFORMATION:

DATE: _____ TIME: _____

SOCIAL HISTORY:			
Do you smoke?	□ No	□ Yes	# of packs per day _____
How many years have you smoked?	_____	□ N/A	
Do you use smokeless tobacco?	□ No	□ Yes	# of cans per day _____
Do you use alcohol?	□ No	□ Yes	# of drinks per day _____

YOUR MEDICAL HISTORY:

Do / Did you have any of the following conditions?

□ Heart Disease	□ Seizures	□ Kidney Problems
□ Diabetes	□ Tuberculosis	□ Asthma
□ High Blood Pressure	□ Anxiety / Depression	□ Cancer (type: _____)
□ Metal Plates or Pins	□ Other: _____	

PATIENT SAFETY SCREENING:

Do you feel safe in your current environment? □ Yes □ No

Are you interested in receiving health information on a particular topic? □ No □ Yes

PAST SURGERIES:_____

_____

_____

PAST WORK INJURIES:_____

_____

COMMENTS:_____

_____

_____

I certify that the above information and statements are answered accurately to the best of my ability.

_____ _____ _____

Patient Signature **Date** **Time**

_____ _____ _____

Provider Signature **Date** **Time**