

# Heartland Urgent Care

965 S. 27<sup>th</sup> Street, Suite D  
Lincoln, NE 68510

# HEALTH HISTORY FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In order to provide the best care possible at Heartland Urgent Care, your provider needs to know your health history. This information is a confidential part of your medical record and is used to help with your diagnosis and treatment. Please answer the following questions to the best of your knowledge.

1. Does the patient have any chronic conditions? YES NO  
(ie: asthma, high blood pressure, diabetes...etc. **Anything that requires daily/regular medications**)

\_\_\_\_\_

2. Has the patient had any surgeries? YES NO  
If yes, type and dates: \_\_\_\_\_

\_\_\_\_\_

3. Is the patient taking any medications? YES NO  
**THIS INCLUDES PRESCRIPTION, VITAMINS, HERBS, AND OVER THE COUNTER MEDICATIONS.**  
**\*\*\*Please make sure ALL CONDITIONS that medications are being taken for are listed above.\*\*\***

If you carry a list of medications taken, please provide and we can copy.

Medication Name:	Dose/frequency:	If more space is needed, please ask for an additional form
_____	_____	
_____	_____	
_____	_____	
_____	_____	

4. Family History: (List Relatives with any of the following problem and if outside of immediate, please indicate if Maternal or Fraternal side)

Heart Disease: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Diabetes Type 1: \_\_\_\_\_ Diabetes Type 2: \_\_\_\_\_

Respiratory Disease: \_\_\_\_\_

Cancer: \_\_\_\_\_

Emotional Problems: \_\_\_\_\_

Other Inherited Diseases: \_\_\_\_\_

5. Does the patient have any drug allergies? YES NO

_____	Type of Reaction	_____
_____	Type of Reaction	_____
_____	Type of Reaction	_____
_____	Type of Reaction	_____

6. Health Habits: (Circle most appropriate)

Tobacco Use: Never Rarely Frequently  
For How Long? \_\_\_\_\_ How much do you a smoke a day? \_\_\_\_\_

Alcohol: Never Rarely Frequently

Street Drugs: Never Rarely Frequently

**For Minors:**

Does anyone in the household they currently live In smoke? YES NO