Central Utah Clinic, PC
Your Health, Your Choice. SM

American Fork Internal Medicine
Yun Ling, MD

Today's Date: ____________________

Medical History

Name: ______________________________________ DOB: ______________
Last First Middle Initial

Occupation: ______________________________________

Current Marital Status: ______________________________________

Who referred you to us or how did you hear about us? ______________________________________

Main reason you have come to see the doctor today? ______________________________________

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List your prescribed medications and over-the-counter drugs, such as vitamins, etc.

Medication Name	Strength	Frequency Taken

Personal Health History

Do you smoke? ❑ No ❑ Yes, for how long? ____________ How many packs per day? ____________

Do you drink alcohol? ❑ No ❑ Yes, how much? ______________________________________

List any medical problems that other doctors have diagnosed: ______________________________________

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Past Surgeries/Hospitalizations: ______________________________________

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Allergies to Medications:

Medication Name	Reaction you had

Family Health History

Does anyone in your family have a history of: **Relationship to Patient**

Cancer ❑ No ❑ Yes, what kind?________________________ ______________________________

High Blood Pressure ❑ No ❑ Yes ______________________________

Diabetes ❑ No ❑ Yes ______________________________

Heart Disease ❑ No ❑ Yes ______________________________

Other: (Please list) ____

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Women Only

Date of last pap smear: ____

Men Only

Date of last prostate and rectal exam: ____