

PATIENT INFORMATION CONFIDENTIAL RECORD

SELMA MEDICAL ASSOCIATES, INC.
104 Selma Drive
Winchester, Virginia 22601

Date: _____

Confidential Record: Information contained here will not be released except when you have authorized us to do so.

Last Name	First	Middle		Sex (M/F)	SSN
Address	City	State	Zip	Telephone	Email

What is your preferred telemedicine appointment program ZOOM _____ WhatsApp _____

Past Histories

If you have had any of the following, check the appropriate box(es). Use the blanks for additional histories not listed below.

- ADHD
- Allergies
- Anemia
- Angina
- Anxiety
- Arthritis
- Asthma
- A Fib
- BPH
- Excessive alcohol use
- Blood clots
- Cancer
- CVA (Stroke)
- COPD
- Coronary artery disease
- Crohn's disease
- Depression
- Diabetes
- Drug Abuse
- Gallbladder disease
- GERD
- Hepatitis Oral
- Hyperlipidemia
- Hypertension
- Irritable bowel disease
- Liver Disease
- Migraine headaches
- Overuse of pain medications
- Myocardial infarction (heart attack)
- Osteoarthritis
- Osteoporosis
- Renal disease
- Seizure disorder
- Thyroid disease
- _____

Family History

- Anxiety
- Depression
- Bipolar Disorder
- Alcoholism
- Drug Abuse
- ADHD

Social History

Tobacco

Uses tobacco: Yes No Formerly Type _____ Number of years ____ Packs per day _____

Ever tried to quit? Y N Years quit _____ Passive smoke exposure? Y N

Alcohol

Drinks alcohol: Yes No Formerly Type _____ Frequency _____ Amount _____ Last drink? _____

Caffeine

Yes No Type _____ Caffeine per day (specify cups or ounces) _____

