



Midwest Health Partners, P.C.  
**Family Medicine & Convenient Clinic**  
 1410 North 13<sup>th</sup> St. Norfolk, NE 68702  
 Phone: 402-371-0123 Fax: 402-371-5360

**Health Information**

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

Family Physician: \_\_\_\_\_ Who referred you here? \_\_\_\_\_

**List Current and Past:**

Surgeries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Latex Allergy? Yes\_\_\_ No\_\_\_ Are you pregnant? Yes\_\_\_ No\_\_\_

**Please indicate who in your immediate family has had any of the following conditions:**

Cancer _____	Diabetes _____
Heart Trouble _____	High Blood Pressure _____
Kidney Disease _____	Mental / Emotional _____
Stroke _____	Arthritis _____

**Please check Yes or No if you have had any of the following in the past year.**

Yes	No	Problem	Explain	Yes	No	Problem	Explain
___	___	Chest Pain	_____	___	___	Fibromyalgia	_____
___	___	Heart Problems	_____	___	___	Cramps / Location	_____
___	___	Mitral Valve Pro-lapse	_____	___	___	Numbness / Location	_____
___	___	High Blood Pressure	_____	___	___	Thyroid	_____
___	___	High Cholesterol	_____	___	___	Diabetes	_____
___	___	Circulation	_____	___	___	Lung Problems	_____
___	___	Bleeding Tendency	_____	___	___	Asthma, Emphysema, COPD	_____
___	___	Stroke / TIA	_____	___	___	Liver / Gallbladder	_____
___	___	Swelling / Location	_____	___	___	Kidney / Describe	_____
___	___	Seizure Disorders	_____	___	___	HIV Positive	_____
___	___	Weight Loss / Gain	_____	___	___	Skin / Describe	_____
___	___	Stomach Problems	_____	___	___	Drink Alcohol	_____
___	___	Anemia	_____	___	___	Tobacco Use / Type / Amount	_____
___	___	Gout / Location	_____	___	___	Illegal Drugs	_____
___	___	Back Pain	_____	___	___	Cancer	_____
___	___	Arthritis / Location	_____	___	___	Other	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

