



Midwest Health Partners, P.C.
Family Medicine & Convenient Clinic
 1410 North 13th 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: _____