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