**Vitae Family Care Clinic
Health History Form – New Patient**

Surgical History - Please list any previous surgeries and the date of the surgery

|  |  |
| --- | --- |
| Name of Procedure | Date of Procedure |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

Family History – Please list any current or past known medical conditions, including cause of death if applicable

|  |  |
| --- | --- |
| Paternal Grandfather |  |
| Paternal Grandmother |  |
| Father |  |
| Maternal Grandfather |  |
| Maternal Grandmother |  |
| Mother |  |
| Brothers – if multiple, please specify names |  |
| Sisters – if multiple, please specify names |  |
| Other – aunts, uncles (if multiple, please specify names) |  |

Current Medications – Please list your current medication name, dosage & instructions **OR** bring your medications