Hillsboro Medical Center 8th Avenue Primary Care New Patient History

Name: _____

Date of Birth: _____

Why are you here today?_____

Medical History

Problem (e.g. hypertension, diabetes)	Year diagnosed

Surgical History

Surgery	Year performed	Surgeon

Current Medications

Medication	Dose	How often	Medication	Dose	How often

Medication Allergies

Medication	Reaction

Social History

Single Married Domestic Partner Separated Divorced Widow

Children (with age): _____

Current/previous occupation: _____

Do you smoke? Yes / No If yes, how much? _____

Do you drink alcohol? Yes / No If yes, how much? _____

Did/ do you use illegal drugs? Yes / No If yes, please list:_____

Who lives with you? _____

Do you feel safe at home? Yes / No

Do you exercise? Yes / No If yes, what type & how often:_____

Are you sexually active? Yes / No

Gynecological History

Number of pregnancies:_____ Age when began menstruating:_____

Number of live births:_____ Age when you began menopause:_____

Age when you had your first child: _____ Menstrual cycle: REGULAR or IRREGULAR

Last PAP smear (date): ____/____/_____ Last mammogram: ___/___/_____

Any irregular PAP smears? Yes / No If yes, date:___/___/_____

Family History

Mother: alive / deceased age: _____ Illness: _____

Father: alive / deceased age: _____ Illness: _____

Brother: alive / deceased age: _____ Illness: _____

Sister: alive / deceased age: _____ Illness: _____

Children: alive / deceased age: _____ Illness: _____

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Please circle if you are having any current problems, signs or symptoms in any of the following areas:

Constitutional:
Weight loss/ weight gain
Fever
Fatigue
Night sweats
Hot flashes
Dizziness

Eyes:
Discharge
Burning
Double vision
Eye pain

Ears/ Nose/ Mouth/ Throat:
Decreased hearing
Ear pain
Congestion
Sore throat
Ringing in ears

Respiratory:
Shortness of breath
Cough/ wheezing
Sputum production
Spitting up blood

Cardiovascular:
Chest pain
Palpitations
Fainting
Swelling in legs

Breast:
Lump/ mass
Pain
Swelling
Discharge
Changes in breast(s)

Gastrointestinal:
Nausea
Vomiting
Diarrhea/ constipation
Abdominal pain

Genitourinary:
Painful urination
Blood in urine
Urgency
Incontinence
Frequest urination

Heme / Lympy:
Brusing
Bleeding
Swollen lymph glands

Endocrine:
Cold or hot intolerance
Excessive hunger or thirst
Loss of hair

Musculoskeletal:
Back pain
Neck pain
Joint pain
Muscle pain
Decreased range of motion

Integumentary:
Rash
Itching
Dryness
Burns
Lesions

Neurologic:
Memory difficulties
Confusion
Numbness or tingling
Headache
Seizure

Psychiatric:
Anxiety
Depression
Suicidal thoughts
Sleep disturbance
Mood swings

Immunologic:
Recurrent fevers
Recurrent infections
Malaise

Health Maintenance History

Screening Exams	Date	Vaccinations	Date
Colonoscopy		Flu	
Bone Density		Pneumonia	
Cholesterol testing		Tetanus	
Diabetic testing		Shingles	
Eye Exam		Cervical Cancer	
PSA (men)		Hepatitis B	
Advanced Directive/ POLST		Other:	

_____ _____

Signature Date

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OHSU Health Primary Care Downtown Hillsboro sends your prescription information directly to your pharmacy electronically.

We need the following information to send your new or refilled prescriptions to your pharmacy:

Patient Name: _____ Date of Birth: _____

Your Local Pharmacy Name: _____

Local Pharmacy Address / Location: _____
(If you do not know the exact address please list the approximate address, for example 10th and Baseline, to assist us in sending it to the correct pharmacy location)

Do you also use a mail order Pharmacy? If so, please check the name below:

- ☐ Aetna
- ☐ Byram
- ☐ CCS
- ☐ CVS/ Caremark
- ☐ Providence Home Health
- ☐ Express Scripts
- ☐ Medco
- ☐ Walgreens
- ☐ Medtronic
- ☐ Other: _____

If you receive a new or refill prescription during your visit, it will be sent to your local and/ or mail order pharmacy before the end of the day.

When you need refills to your current prescriptions prescribed by one of our physicians, ***please call your pharmacy directly.*** They will contact us electronically.

Please keep in mind that any specialty drugs and diabetic medication or supplies that need a prior authorization with your insurance company can take up to 7-14 business days to process based on the insurance criteria review.