RYAN FAMILY PRACTICE
DR. JAMES RYAN, D.O.

Name_____DOB_____Age_____

Race: □ American Indian/Alaskan □ Asian □ Black □ Hispanic □ White Language:_____

Family History

	Living	Passed	Age	Cause
Father				
Mother				
Brother				
Sister				
Children				

	Father	Mother	Father's Parents	Mother's Parents	Siblings
Alcoholism					
Arthritis					
Blood Disease					
Cancer					
Diabetes					
Epilepsy/Convulsions					
Gallstones					
Glaucoma					
Gout					
Heart Disease					
High Blood Pressure					
Kidney Disease					
Mental Illness					
Osteoporosis					
Stroke					
Thyroid Disease					
Tuberculosis					
Other					

Drug Allergies

Medications

□**Hospitalization or Surgery**	**Reason**	**Date**

Medical History

□ Alcoholism	□ Emphysema	□ High Blood Pressure	□ Scarlet fever
□ Allergies	□ Epilepsy	□ High cholesterol	□ Seizures
□ Arthritis	□ Gallbladder	□ Jaundice	□ Sexual dysfunction
□ Blood disorders	□ Glaucoma	□ Measles	□ Shortness of Breath
□ Bronchitis	□ Gout	□ Mental Illness	□ Stomach Problems
□ Cancer	□ Head Injury	□ Menstrual problems	□ Stroke
□ Cataract	□ Heart attack	□ Migraine headaches	□ Tuberculosis
□ Chronic rashes	□ Heart Murmur	□ Pneumonia	□ Venereal disease
□ Deafness	□ Hemorrhoids	□ Prostate Problems	
□ Diabetes	□ Hepatitis	□ Rheumatic fever	
□ Diverticulitis	□ Hernia	□ Ringing in ears	

WOMEN ONLY

Age menstrual began _____ Age menopause_____

Number of pregnancy_____

Date of last pap_____□ normal □ abnormal

Date of last Mammogram_____□ normal □ abnormal

MEN ONLY

Have you experienced any of the following

□ Hernia
□ Pain in testicles
□ Sexual difficulties
□ Vasectomy

HABITS

□ Smoke: Packs daily_____
How long _____
Interested in stopping? _____

□ Marijuana
□ Cocaine
□ IV Drugs

□ Coffee_____ Cups daily
□ other caffeine_____

□ Alcohol: Type_____
□ Amount_____

□ Fat intake _____
□ Exercise routine _____
□ Diet: Salt intake _____

□ Sleeps: Difficulty falling sleep
□ Continuity disturbances
□ early morning awakening
□ Snoring
□ Daytime drowsiness

Marital Status

□ Single
□Married
□Separated
□Divorced
□Widowed