



DIME Medical
340 Main Street, Darlington, WI 53530
Voice: (608) 482-2005 Fax (855) 574-5406

Date completed: _____ Patient Name: _____

Date of Birth: _____

If more space is needed for any section you may use the back of the page:

1. Past Medical History of illness/Chronic Diagnoses with approximate dates/years or ages -- example: "High Blood Pressure about 2010":

2. Past Surgical History with approximate dates/years or ages -- example: "Tonsils removed 2001":

3. Medications CURRENTLY taken - prescription and nonprescription - include dose and frequency Example: "Aspirin 81mg One pill once a day" or "Tylenol 500mg one pill 3 x a day," Please include over the counter medications and dietary supplements:

4. Medication Allergies and type of reaction if know Example - "Rash" or "couldn't breath":

5. Family History of medical problems and approximate ages, particularly of parents, siblings, grandparents, and children; example: Father - Heart Attack age 50 and died age 70:

6. Social History: (Circle appropriate answers)

Occupation: _____

Single Married Divorced Widowed Other? _____

Tobacco Current USE: Yes No / **Tobacco Past USE:** Yes No

Type: Cigarettes Cigars Chewing Other? _____

How much and HOW long? example “1 pack per week for 10 years”:

Alcohol USE: Yes No How much? example 4 drinks every night: _____

Other substance/recreational use past/present?: _____

Exercise: either in daily work or formally as exercise - type and amount/frequency:

With Whom else may we discuss your medical information upon request (if anyone - such as spouse, sibling, etc)?

For children Only ---- Parents are:

Married Separated Divorced Unmarried together Unmarried living separately

Other Parent name if has legal right to medical information of child:

With whom else, if anyone, may we speak about your child in your place (such as grandparent)?
Name & Birthdate (for identification):

If your child is ever accompanied by someone other than you as parent or legal guardian, then please send a note at the time of the visit authorizing them to participate in your place.

Your Signature: _____ Date signed: _____