5050 East Kenosha Street
Broken Arrow, OK 74014

Wright Health Wellness Center

Phone (918) 355-9492
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Please answer these questions about your past health to the best of your recollection. Your doctor will review this information and will have a better overall understanding of your past and current medical problems. This information is confidential.

Health Habits

Do You?? Yes	No	
☐	☐	Smoke cigarettes? _____packs per day
☐	☐	Chew tobacco?? How much? _____
☐	☐	Drink beer?? _____bottles a week
☐	☐	Drink wine?? _____glasses a week
☐	☐	Drink hard liquor?? _____drinks a week
☐	☐	Use aspirin or Advil?? _____tablets a week
☐	☐	Drink caffeine coffee?? _____cups a week
☐	☐	Follow special diet? What type? _____
☐	☐	Do you exercise less than twice a week?

Current Medications and Doses

Medicine	Strength	How often

Hospitalizations & Surgeries

What was done??	When??

Allergies to Foods and Drugs

Medicine	Type of reaction

Serious Accidents

What happened?	When?

Family Medical Health History

	Father	Mother	Father's father	Father's mother	Mother's father	Mother's mother	Brothers	Sisters	Other
Diabetes									
Heart disease									
High blood pressure									
Stroke									
Cancer									
Gallbladder disease									
Ulcer/Colitis/Crohn's									
Asthma/Lung/Respiratory									
Thyroid disease									
Bleeding disorders									
Arthritis									
Other									