





Plaza 3  
 1315 South Cliff Avenue, Suite 2000  
 Sioux Falls, SD 57105  
 (605) 322-5800 • Fax (605) 322-5801

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Who is your primary care doctor: \_\_\_\_\_

What is your family history of medical problems or diseases?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers & Sisters: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there kidney disease in your family? \_\_\_\_\_

Is there diabetes in your family? \_\_\_\_\_

Is there cancer in your family? \_\_\_\_\_

Is there heart disease in your family? \_\_\_\_\_

How much do you smoke? \_\_\_\_\_

How much alcohol do you drink? \_\_\_\_\_

Have you ever had hepatitis or yellow jaundice? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you seen blood in your urine? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you seen blood in your stool? \_\_\_\_\_ Yes \_\_\_\_\_ No

When was your last Influenza vaccination? \_\_\_\_\_

Have you received the Pneumovax (sometimes called the "pneumonia vaccine")? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

When was your last Tetanus shot? \_\_\_\_\_

If you have Medicare coverage, do you have an Advanced Care Plan (Living Will)?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature of Patient: \_\_\_\_\_