



The Wellness Track Urgent Care Clinic
Bridgestone/Business and Industry, Aiken Regional Medical Cent
#1 Bridgestone Parkway, Graniteville, SC 29229
Office: (803) 232-2211 Fax: (330) 572-6791

HEALTH HISTORY

PATIENT INFORMATION:

Last Name, First Name, MI: Prefers: Crew/Area:
DOB: Age: Today's Date: Pref'd Cont Phone:

CONTACT INFORMATION:

Phone Contact: Cell: Home: Work:
Address: City: State: Zip Code:
eMail (used to email information, communicate): Authorize email contact
Contact Preferences (cell, text, email, work phone): Request appointment reminders

EMERGENCY CONTACT INFORMATION:

Emergency Contact: Relationship:
 Emergency address is the same as your address. Emergency 2d Contact (if needed):
Emergency Address: City: State: Zip:
 Emergency phone is the same as your address. Emergency Phone:

INSURANCE AND CURRENT MEDICAL PRACTICE INFORMATION

Type of Insurance - BCBS Tn, other, such as spouse's insurance if used, TRICARE, or HSA):
BCBS Tn ID #: SSN (used for billing):
Primary Practice Group Information: Preferred Pharmacy (Example: CVS, Whiskey Road, Aiken):

DEMOGRAPHIC INFORMATION:

Gender: Race: Preferred Language:

PREFERRED LEARNING METHOD:

Circle your preferred learning method: Reading, listening, videos, demonstration, or _____

WELLNESS GOALS, HEALTH AND SAFETY:

Interested in Wellness Classes Interested in tobacco cessation classes
Do you have any goals for wellness we can assist you with? Consider: Exercise, water intake, stress, healthy eating, blood sugar, cholesterol, blood pressure, etc.: _____

The following topics are for contemplation. They do not need to be checked unless you wish to discuss.

- Smoke detectors Aggressive driving Hours of restorative sleep Emotional Health Social, family networks
- Sunscreen Daily seat belt use Safe sex habits Carbon Monoxide Alarm Violent or abusive behavior
- What's in your energy drink and why? Caffeine, guarana, ginseng, glucuronic acid, taurine, L-tyrosine, citicoline...
- Weapons storage: Children cannot get access or have been instructed how to check, clear, use, clean, and store.

FAMILY MEDICAL HISTORY

Looking for inheritable risk factors for you (circle): Asthma, allergies, anemia, arthritis, blood pressure, cancer, cholesterol, diabetes, migraines, thyroid, etc. Include relationship to you: Grandparents (parent side), mom, dad, siblings, or children.

HEALTH HISTORY

PERSONAL MEDICAL HISTORY

ALLERGIES: No known drug allergies

ACTIVE PRESCRIPTIONS: No active prescribed medications

PRESCRIBED MEDICATIONS, DOSE, and PURPOSE:

OTC/As Needed MEDICATIONS and PURPOSE:

List anything you use more than twice a week or seasonally such as aspirin, fish oil, vitamins, supplements, sleep aids, allergy medications.

ACTIVE MEDICAL CONDITIONS: No active medical conditions

Include recurring conditions such as: high blood pressure, diabetes, thyroid, eczema, psoriasis, asthma, etc.

SURGICAL AND HOSPITAL HISTORY:

SURGICAL HISTORY: No history of surgery (Approximate year or your age at the time. Include childhood surgeries.)

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HOSPITAL HISTORY: No history of hospitalizations (Overnight only, approx. year or your age, and childhood history)

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SOCIAL HISTORY:

TOBACCO USE: Never/Yes/No Longer Use

Type of Tobacco Products:

How much per day?

Years of Tobacco Use:

(Include total years if you took a break, then restarted. Data is used to calculate your coronary artery disease risk, if applicable.)

ALCOHOL USE - Beer, wine, liquor (Circle applicable)

How Often?

(Information is used to consider medication choice. Many medications are cleared through the liver.)

HOBBIES, HABITS, AND PASTIMES:

Include children/ages (Ex: 3 sons, 9/12/15), pets, hobbies, sports, 2d jobs, etc. What makes you uniquely you.

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Would you like to quit?

Have you tried to quit before?

What worked before?

What is your motivation to quit now?