

Southern Maine Integrative Health Center

69 York Street, Suite 4, Kennebunk, ME 04043

(207) 985-3079 (clinic) 207) 985-3775 (fax)

Patient: _____ DOB: _____ Male/Female _____ Date: _____

REASON FOR YOUR VISIT:

PAST MEDICAL HISTORY:

SOCIAL HX: Married _____ Divorced: _____ Single: _____ Occupation _____

Alcohol intake _____ Tobacco _____ Recreational drugs _____

FAMILY HISTORY:

SURGICAL HISTORY:

ALLERGIES:

GYN HX: LMP _____ Last GYN/pap exam _____ Was it normal? _____

Pregnancies _____ Children: _____ Miscarriages _____ Abortions _____

PREVENTIVE HEALTH: Last physical exam: _____ Colonoscopy: _____ Bone density: _____

Mammogram: _____ Prostate exam: _____ Eye exam: _____

Other: _____

IMMUNIZATION HISTORY: Td/Tdap _____ Shingles _____ Pneumovax _____

Flu vaccine: _____ COVID-19 vaccine: #1 _____ #2 _____

Other immunizations: _____

CURRENT MEDICATION/SUPPLEMENTS:

Medication	Dose & Frequency	Medication	Dose & Frequency

Have there been any changes in your health?

Have you lost or gained weight in the past year? _____ If so, how much? _____

Provider: _____ Date: _____