

1425 E. Fire Tower Rd., Ste. 100 Greenville, NC 27858

Phone (252) 758-5888 Fax (252) 758-9888

Do you use seatbelts when in a vehicle? Yes	No
Do you use illicit drugs? Yes No	
Have you ever had to use needles to inject illicit substances of	or medications? Yes No
Females Only:	Date of last exam
Have you had a mammogram? Yes No Have you had a PAP test? Yes No Do you perform routine breast self-exams? Yes	
How many children have you had? Date of Last Menstrual Period?	
Males Only:	
Have you had a prostate exam? Yes No Do you examine your testicles regularly? Yes	No
Vaccinations: (Please check if you have had)	5.0 ( ) ( ) ( )
TetanusRubellaPneumoVax	Hepatitis
Have you ever had a blood transfusion? Yes Who live at home with you?	No
Colonoscopy? Yes No	
Family His	atory
Do you know of any blood relatives who has had: (Circle and g	
Asthma Bleeding Tendency	
Cancer Colitis	
Colon Polyps Diabetes	
Epilepsy	
Goiter Heart Disease	
High Blood Pressure	
Kidney Disease	
eukemia	
Mental Illness Migraine	
Stroke	
uberculosis	