BALLARD PAIN&WELLNESS Inc.
WHEN PAIN ENDS, Life BEGINS

St. Vincent's / St. Clair Professional Office Bld.
7067 Veterans Parkway | Suite 210
Pell City, Al 35125
Direct: **205.405.7348** | Fax: 205.338.0550

MEDICAL HISTORY FORM

Name _____ Date of Birth _____ Today's Date _____

Maritial History: Married/Single/Separated/Divorced/Widowed Do you live alone? Yes/No

Date of last:

Pneumonia Vaccine		Mammogram	
Flu Vaccine		Pap Smear	
Colonoscopy		PSA	

Please list medication currently on:

Medications	Strength	Per Day	Medication	Strength	Per Day

Name of Pharmacy _____ **Mail Order Pharmacy** _____

Allergies: _____

SMOKING STATUS

Have you ever used tobacco? ☐ No/Never ☐ Yes

Smoking Tobacco Use

Tobacco Type:	# per day	Age Started	Age Stopped
Cigarette			
Cigar			
Pipe			

Non-Smoking Tobacco Use

Tobacco Type:	# per day	Age Started	Age Stopped
Chewing			
Smokeless			
Snuff			

ALCOHOL USE STATUS

Do you drink alcohol? ☐ No/Never ☐ Yes Type? _____ # per day _____

Type? _____ # per day _____