

# St. Anthony Regional Hospital Medical Clinics

Breda Clinic  
221 Main St.  
Breda, IA 51436

Coon Rapids  
215 Main St.  
Coon Rapids, IA 50058

Manning  
221 Ann St.  
Manning, IA 51455

Westside  
235 Hwy. 30  
Westside, IA 51467

OB/GYN  
405 S. Clark St., Ste. 200  
Carroll, IA 51401

Wall Lake  
311 West 1st St.  
Wall Lake, IA 51466

IFCP  
405 S. Clark St. Ste 230  
Carroll, IA 51401

Date \_\_\_\_\_ By \_\_\_\_\_  
Date \_\_\_\_\_ By \_\_\_\_\_

Full name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's date \_\_\_\_\_  
Last First Middle Mo. Day Yr.

**SURGERIES/HOSPITALIZATIONS/PROCEDURES (i.e.: colonoscopy, cardiac stress test) Please list all surgeries and hospitalizations**

#	Date	Surgery or Reason for Hospitalization	Where	Doctor
1.				
2.				
3.				
4.				
5.				
6.				

**MEDICATIONS**

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Please list all of the medicines you are now taking:

Name of Medicine	Amount (dose)	How Long?	Doctor's Name	For What Reason?

**IMMUNIZATIONS (Approx. date of last injections)**

	When	Do you now or have you in the past:	No	Yes	How much/ how long
Tetanus	_____	Chewed tobacco, smoked pipe or cigars	<input type="checkbox"/>	<input type="checkbox"/>	_____
MMR (Measles/Mumps/Rubella) If born after 1957, have you had a Rubella Titer or 2nd MMR?	_____ Yes No	Smoked cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flu	_____	Drank coffee, tea, cola (caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumovac	_____	Used other drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	_____	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____
		Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____

FAMILY HISTORY	IF LIVING		IF DECEASED		Has any blood relative ever had: (if yes, please circle) and note which relative, e.g. maternal grandmother, etc.
	Age	Health	Age at Death	Cause	
Father					Cancer or leukemia
Mother					Diabetes
Brother/Sister					Heart Attack
1.					High blood pressure
2.					Mental illness
3.					Tuberculosis
4.					Alcoholism
5.					Bleeding disorders
Children					Kidney disease
1.					Migraine headaches
2.					Stroke
3.					Allergy or asthma
4.					Overweight
					Seizures
					Other