

PERLIS WELLNESS CENTER

81 E. Scranton Ave
Lake Bluff, IL 60044

847-295-5997

Annual Exam

Please help us keep your medical record up to date by providing the information requested below. Please complete all items as accurately as possible:

Name: _____ Age: _____ Date: _____

Reason(s) for seeing the doctor today:

Any Other Concerns:

Past Medical History: In the past year, what medical care have you received, such as: all illnesses treated, broken bones, accidents, surgeries, hospitalizations, etc:

Medications: list all medications, INCLUDING herbal supplements and vitamins:

Allergies: _____

Last Menstrual Period: _____

SOCIAL HISTORY:

Marital status:(circle one) Single Married Divorced Separated Widowed

Current method of birth control: _____

Occupation: _____

Do you exercise? _____ What kind? _____

Do you smoke? Yes _____ No _____ If yes, how much? _____

Do you drink alcohol? Yes _____ No _____ If yes, how much _____

Do you do any illegal drugs? If yes what drugs and how much _____

FAMILY HISTORY:

Have any blood relatives become sick in the past year? (Cancer, heart disease, diabetes, high blood pressure, etc)? _____

Any Family History of Breast, Ovarian, Uterine or Colon Cancer? _____
