St John's HEALTH

St John's Lander
175 N. 1st Street
Lander, WY, 82520
(307) 332-2189

DATE	NAME	DATE OF BIRTH

PREFERRED PHARMACY		ALLERGIES	

REASON FOR VISIT	

MEDICATION/SUPPLEMENT	DOSE	FREQUENCY

PROBLEM	Y / N	YEAR
ANESTHESIA INTOLERANCE	Y / N	
AUTOIMMUNE		
Lupus / RA / Chronic steroid use	Y / N	
CANCER		
Type	Y / N	
CARDIAC		
High / Low Blood pressure	Y / N	
Heart Attack / Failure / Cardiac Stent / CABG	Y / N	
Swelling / Murmur / High Cholesterol	Y / N	
EYE		
Blindness / Blurry Vision / Cataracts / Glaucoma	Y / N	
ENT		
Seasonal Allergies / Sinus Problems or Drainage	Y / N	
Ear Problems / Hearing Loss	Y / N	
Throat Issues / Mouth Issues / Dental Issues	Y / N	
ENDOCRINE		
Diabetes / Thyroid Issues / Cushing's / Addison's	Y / N	
FEVER / FATIGUE	Y / N	
GASTROINTESTINAL		
Ulcer / GERD / Diarrhea / Vomiting	Y / N	
Diverticulitis / IBS / UC / Crohn's / Blood in Stool	Y / N	
HEMATOLOGIC		
Anemia / Blood Transfusions / Sickle Cell	Y / N	
Blood Clots / Blood Thinners	Y / N	
HOT FLASHES / NIGHT SWEATS	Y / N	

PROBLEM	Y / N	YEAR
KIDNEY / BLADDER		
Kidney Failure or Disease / STONES	Y / N	
UTI / Prostate / Retention / Catheter	Y / N	
LIVER		
Failure / Cirrhosis / Jaundice / Pancreatitis	Y / N	
LUNG		
Cough / Asthma / COPD / Sleep Apnea / Oxygen	Y / N	
MUSCULOSKELETAL		
Arthritis / Gout / Osteopenia / Trauma	Y / N	
NEUROLOGICAL		
CVA / TIA / Headaches / Seizures / TBI / MS / Insomnia	Y / N	
PSYCHIATRIC		
Anxiety/Depression / ADHD / Bi Polar / Schizophrenia	Y / N	
OB / GYN		
Number of Pregnancies_____	Y / N	
Number of Live Births_____	Y / N	
PID / Endometriosis / PCOS / Infertility	Y / N	
SKIN CONDITIONS		
Type		
OTHER		

HOSPITALIZATIONS AND SURGERIES					
REASON	HOSPITAL	YEAR	REASON	HOSPITAL	YEAR

SUBSTANCE	USE			FREQUENCY			AMOUNT
Alcohol	Never	Current	Past	Daily	Weekly	Monthly	
Smoke Tobacco	Never	Current	Past	Daily	Weekly	Monthly	
Smokeless Tobacco	Never	Current	Past	Daily	Weekly	Monthly	
E Cig or Vape	Never	Current	Past	Daily	Weekly	Monthly	
Marijuana	Never	Current	Past	Daily	Weekly	Monthly	
Cocaine	Never	Current	Past	Daily	Weekly	Monthly	
Amphetamines	Never	Current	Past	Daily	Weekly	Monthly	
Hallucinogens	Never	Current	Past	Daily	Weekly	Monthly	

SCREENING	MONTH/ YEAR	ABNORMAL FINDINGS
Colonoscopy		
Prostate Exam (men only)		
PAP SMEAR (women only)		
MAMMOGRAM (women only)		
Sexually Transmitted Infections		
Dexascan		
Pain Contract		

EXERCISE	HOURS PER WEEK
Walking	
Running	
Cycling	
HIIT	
Yoga	
Weightlifting	
Other	

PLEASE IDENTIFY ANY FAMILY HISTORY OF THESE DISEASES
PLEASE CIRCLE BROTHER OR SISTER

FAMILY HISTORY	LIVING Y / N	AGE OF DEATH	CANCER	CARDIAC DISEASE	KIDNEY DISEASE	LIVER DISEASE	STROKE/ BLOOD CLOTS	PSYCH	AUTOIMMUNE	DIABETES
MOTHER	Y / N									
FATHER	Y / N									
MATERNAL GRANDMOTHER	Y / N									
MATERNAL GRANDFATHER	Y / N									
PATERNAL GRANDMOTHER	Y / N									
PATERNAL GRANDFATHER	Y / N									
BROTHER / SISTER	Y / N									
BROTHER / SISTER	Y / N									
BROTHER / SISTER	Y / N									
BROTHER / SISTER	Y / N									
BROTHER / SISTER	Y / N									
BROTHER / SISTER	Y / N									

FOR CLINIC USE

BP		VISION			
O_2			L	R	B
HR		CORRECTED			
RR		UNCORRECTED			
TEMP		LMP			
HT		BIRTH CONTROL			
WT					