

# PENDLETON FAMILY MEDICINE

2450 SW Perkins Avenue  
 Pendleton, Oregon 97801  
 Phone (541) 276-1700 Fax (541) 276-6327  
 Dr. Jonathan Hitzman, M.D.

Danielle Addleman, PA-C

Jacqueline Herman, PA-C

Chloe Norris, PA-C

**Today's date** \_\_\_\_\_

**Name [print]** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Social History:**

Education Level: \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status (Circle One):    Single    Married    Divorced    Widowed

Average per day:

Alcohol \_\_\_\_\_ Tobacco (Packs Per Day) \_\_\_\_\_ Years \_\_\_\_\_

Caffeine \_\_\_\_\_ Recreational Drugs \_\_\_\_\_

Current Diet (Circle One):    Diabetic    Low Fat    Other \_\_\_\_\_

Exercise Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Medical History:**

Medications	Diagnosis/ Reason for medication	Specialist/prescriber?

Implanted medical devices, or other medical devices ie CPAP, Oxygen:

\_\_\_\_\_

Prior Hospitalizations & Illnesses:

\_\_\_\_\_

\_\_\_\_\_

Allergies (Medications, Food, Environmental) AND description of reaction:

\_\_\_\_\_

Vaccines	Year	Screenings	Year	Other Tests	Year
Flu		Colonoscopy		DEXA Scan	
Tetanus (Tdap)		Mammogram		Stress Test	
Pneumonia		Pap Smear		Other:	
Shingles		Eye Exam			

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**For Women:**

Age of first period: \_\_\_\_\_ First day of last period: \_\_\_\_\_  
 # of Pregnancies: \_\_\_\_\_ # of Births: \_\_\_\_\_

**Surgical History:**

Surgery	Year	Specialist

**Family History:**

Diagnosis	Relative (Specify Paternal or Maternal)	Age at Diagnosis
<b>Cardiac</b> (heart attack, stroke, etc)		
<b>High Blood Pressure</b>		
<b>Cancer</b> (specify type)		
<b>Diabetes</b>		
<b>Mental Health</b>		
<b>Other</b>		

**Have you had any of the following issues IN THE LAST 3 MONTHS?**

- Systemic:** weight change, fevers, fatigue, etc
- Head:** headache, sinus pain, etc
- Eyes:** vision change, redness, pain, etc
- Neck:** pain, muscle tightness, lumps, etc
- Breast:** lumps, pain, skin change, etc
- Neurological:** dizziness, fainting, confusion, numbness or tingling, etc
- Musculoskeletal:** muscle aches, joint pain, weakness, etc
- Hematological:** bruising, easy bleeding, anemia, etc
- Psychological:** depression, anxiety, trouble sleeping, etc
- Genitourinary:** change in urine, incontinence, genital discharge, etc
- Gastrointestinal:** vomiting, diarrhea, constipation, blood in stool, stomach pain, etc
- Cardiovascular:** chest pain, racing heart, fainting, palpitations, etc
- Pulmonary:** shortness of breath, wheezing, cough, etc

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**Ears/Nose/Throat:** sore throat, stuffy nose, snoring, sneezing, etc

**Endocrine:** excessive thirst, hair loss, excessive sweating, etc

**Skin:** rash, itching, sores, etc

**Any concerns you would like to discuss with provider? We may not be able to address all concerns at first visit.**

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