Martinsville Henry County
Coalition for Health and Wellness

Bassett Family Practice | 324 T B Stanley Hwy. | Bassett, VA 24055 | 276-629-1076
Ridgeway Family Health | 4944 Greensboro Rd. | Ridgeway, VA 24148 | 276-956-2233

Patient's Name: _____ Date of Birth: _____

Past Medical History

Previous Physician's name: _____ Date of Last Exam: _____

Which of the following conditions are you currently being treated or have been treated for in the past?

☐ Shortness of breath	☐ Eye disorder	☐ Diabetes	☐ Heart disease/Murmur/Angina
☐ High cholesterol	☐ Asthma	☐ Seizures	☐ Kidney/Bladder
☐ High blood pressure	☐ Lung problems	☐ Stroke	☐ Liver problems/Hepatitis
☐ Low blood pressure	☐ Sinus problems	☐ Headaches	☐ Arthritis
☐ Heartburn	☐ Seasonal allergies	☐ Cancer	☐ Neurological Problems
☐ Anemia	☐ Tonsillitis	☐ Ulcers	☐ Depression/Anxiety
☐ Psychiatric care	☐ Ear problems	☐ Swollen ankles	☐ Thyroid problems

Preventive Testing:

Date of last Pap smear: _____ Have you had an abnormal pap? _____
Where was your last pap performed? _____

Date of last mammogram: _____
Where was your last mammogram performed? _____

Date of last colonoscopy: _____
Where was your last colonoscopy performed? _____

Date of last PSA testing? _____
Where was your last PSA testing performed? _____

Where did you have your last immunizations? _____

By signing below, I hereby certify that to the best of my knowledge all the information I have furnished on this form is complete, true and accurate. I also give Bassett Family Practice or Ridgeway Family Health permission to obtain results for the above via the Release/Exchange of Medical Records Form.

Patient / Legal Guardian Signature _____ Date _____