



COMMUNITY HEALTH & WELLNESS PARTNERS

Care... To Live Life Fully

Preferred Language: _____

Marital Status: _____

Gender Identity: _____

Sexual Orientation: _____

Occupation: _____

If Employed tell us what you do _____

Transportation Needed? _____

If yes do you have assisted device? _____

Are you a Veteran? _____

Are you a Migrate Worker? _____

Are you Homeless? _____

Yes, where are you living? _____

What Advanced Directives do you have?

Living Will _____ Durable Power of Attorney _____ POA _____ Guardian _____

Decline to Answer _____

If Yes, please specify who & their relation to you and provide a copy of document to CHWP.

Name _____ Phone# _____ Relationship _____

What are your top 3 goals for your first appointment?

1. _____

2. _____

3. _____

Bellefontaine
212 E. Columbus Ave. Suite 1
Bellefontaine, OH 43311

Indian Lake
8200 St. Rt. 366, Suite 1
Russells Point, OH 43348

West Liberty
4879 US Rt. 68 South
West Liberty, OH 43357

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chwplc.org

Surgical History:

Date:	Type of Surgery:	Hospital/location:

Family History: Please check box if family member diagnosed with that condition. For cancers, please indicate type.

Condition:	Mom	Dad	Dad's Dad	Dad's mom	Mom's Mom	Mom's Dad	Sibling	Child
Alcoholism								
Dementia								
Anemia								
Asthma								
Birth Defects								
Bleeding disorder								
Cancer:								
Diabetes								
Heart Disease								
high cholesterol								
Stroke								
Heart Attack								
Migraine								
Epilepsy								
Glaucoma								
thyroid issues								
Suicide								
Tuberculosis								

Social History:

Have you been sexually active in the last 12 months? _____

Men, Women, or both: _____

Have you ever had a sexually transmitted disease? Type: _____

Type of contraceptive/protection used: _____

Female History:

Date of Last Period: _____

Age at first period: _____

Number of pregnancies: _____

Number of children: _____

Any chance you are pregnant now?

Complications during pregnancy? _____

Last PAP Smear: _____ where performed: _____

Last Mammogram: _____ where performed: _____