

Antonio M. Bird, MD, PA
5B Doctors Park
Asheville, NC 28801

Patient History

Name: _____ Date of birth: _____

Marital status: _____ Children's ages (if any): _____

History of chronic illnesses (e.g., high blood pressure, diabetes): _____

History of surgeries: _____

Medications:

Name

Dosage and frequency

Allergies: _____

Alcohol:

On average, how many days per month do you drink? _____

On average, how many standard drinks (12 oz. beer, 5 oz. wine, 1.5 oz. liquor) do you have on days that you drink? _____

Do you smoke cigarettes? No _____ Yes _____, _____ packs per day

Other substances (which, how much, how often): _____

Occupation: _____

Education: _____

Who lives in your home? _____

Family history of mental illness: _____

Family history of addiction: _____

Today's date: _____