



Scott L. Beals, D.O.

12590 Emerald Coast Parkway
Miramar Beach, FL 32550
(850) 654-6002

4566 Highway 20 East, Suite 101
Niceville, FL 32578
((850)897-7546

301 Medical Drive, Ste B
Andalusia, Al 36420
(334)222-7546

Personal History Form

Last Name: First Name: Date:
Home Phone: Pharmacy: Sex: () Male () Female
Work Phone: Pharmacy Phone: Date of Birth: - -

Allergies to Medications: Current Medications
None
1. 4.
Reaction: 2. 5.
3. 6.

Aspirin/Motrin/Advil Yes No Birth Control Pills Yes No Are you pregnant Yes No
Coumadin Yes No Are you breast feeding Yes No Plan on becoming pregnant Yes No

Review of Systems Screen (Current or past problems with)

Table with 4 columns: System, Yes, No, System, Yes, No, System, Yes, No. Rows include Blood/Bleeding Disorders, Heart Disease, Kidney Disease, Liver Disease or Hepatitis, Lung Disease, Thyroid Disease, Arthritis, Diabetes (sugar), High Blood Pressure, Infectious Disease (TB, HIV), Received Blood Transfusions, Psychological Disorders, Cancer, Immunologic Disease, Latex/Rubber/Nickel/Food, Skin Disease, Skin Cancer, Melanoma.

Do you: Yes No Yes No
Have a pacemaker or defibrillator Yes No Have an artificial joint or heart valve Yes No
Take antibiotics prior to surgical procedures Yes No Form Keloids Yes No

List surgeries:

1. 3. 5.
2. 4. 6.

Family History (Check the following medical conditions which have occurred in your family)

Table with 4 columns: Disease, Mother, Father, Blood Relative, None. Rows include Acne, Arthritis, Asthma, Cancer, Diabetes, Eczema, Hay Fever, Hives, Lupus, Melanoma, Psoriasis, Skin Cancer.

Social History

Do you live alone? Yes No Do you drink alcohol? Yes No Do you use recreational drugs? Yes No
Frequency Frequency

Occupation Hobbies/Leisure activity

Patient Signature: Date: