



**PHYSICIANS OF FAMILY MEDICINE**

Oxbridge .....10130 Hull Street Road, Midlothian, VA 23112  
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Retired 2013

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_ Chart#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security: \_\_\_\_\_  
 Date: \_\_\_\_\_ Male • Female \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: Single Married Divorced Remarried  
 Highest grade completed in School: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Current Occupation: \_\_\_\_\_  
 Who else lives with you in your home: \_\_\_\_\_  
 Medical History: Please list any significant medical illness or illnesses for which you are currently under care: \_\_\_\_\_

List all past Hospitalizations - include name of hospital, date, reason for hospitalization, and surgeries:

List any specialist doctors whom you see and the reason for the visits:

Date of last Tetanus shot: \_\_\_\_\_ Are all Childhood immunizations up to date? YES NO

List any current medications that you take and the dosage of each:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any allergies, include medications, foods, environmental:

Do you smoke: Cigarettes Cigars Pipes Chew Tobacco Yes No How much per day?  
 Do you drink: Beer Wine Liquor Yes No If yes, how much do you consume in an average week?  
 Have you used any illegal drugs in the past year? Yes No If yes, which drugs?  
 Do you do any regular exercise? Yes No If yes, what do you do?

**FAMILY HISTORY**

Please list any medical illnesses and/or cancers in your family:

Relationship	Status		Age at Death	Medical Illness Cause of death	FOR WOMEN ONLY	
	Alive	Current			Age when periods began	
Mother	Deceased	Age				Last PAP
Father						Last Mammogram
Brother/Sister						Number of Pregnancies
Brother/Sister						Number of Miscarriages
Child						Number of abortions
Child						Do you preform self Breast Exams
How did you hear about our practice?					Do you have regula menses	
NAME OF PRIMARY PHYSICIAN:					Age when periods stopped	
Use this area to list anything else you would like us to know about you.					Current method of contraception	
					Number of living children	