



DOCTORS DIRECT LLC - DR. DEREK MURPHY DO
13578 East 131st Street - Suite 101
Fishers, IN 46037
www.doctorsdirectsaxony.com

MEDICAL HISTORY

Name: _____ SEX: _____ DOB: _____

What is the reason for your initial visit?: _____

PRIOR HISTORY - list any current or past medical conditions:

Hematologic: _____

Musculoskeletal: _____

Neuro: _____

Cardiovascular: _____

Pulmonary: _____

EYES: _____

GI: _____

SKIN: _____

UROLOGY: _____

ENDOCRINE: _____

OPERATIONS:

FAMILY HISTORY: _____

SOCIAL HISTORY: _____

Tobacco: Y or N ALCOHOL: Y or N ILLICIT DRUGS: Y or N

ALLERGIES TO MEDICATIONS:

MEDICATIONS CURRENTLY PRESCRIBED:

PRIOR SHOTS / PROCEDURES

TETANUS _____

PAP SMEAR _____

FLU SHOT _____

MAMMOGRAM _____

PNEUMONIA _____

BONE DENSITY _____

COLONOSCOPY _____

PATIENT SIGNATURE: _____

Date: _____

