

## **Aloha Nui DPC, LLC**

69 Lanihuli Street, Hilo, Hawaii 96720  
808.961.1400 / 808.961.1300 (fax)

[AlohanuiDPC@gmail.com](mailto:AlohanuiDPC@gmail.com)  
[www.AlohanuiDPC.com](http://www.AlohanuiDPC.com)



## **How were you referred to us? (circle one)**

family	coworker
friend	print ad
medical professional	internet
medical organization	radio
medical insurance	social media

### **Client Demographics:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname or name you prefer: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F/ TG Sexuality: HET/LBGT Single/Married/Partner/Divorced/Widow

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact phone: \_\_\_\_\_ (mobile) \_\_\_\_\_ (Home)

Email: \_\_\_\_\_ **\*will never be used for solicitation**

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Medical Records:**

Who may access your medical records? \*remains in effect until changed by client

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### **Medical History:**

**Allergies:** Penicillin / Sulfa drugs / bee stings / Others: \_\_\_\_\_

### **Chronic Medical Conditions** \*Circle all that apply

Hypertension Obesity Hyperlipidemia Diabetes Kidney disease Hepatitis / Liver Disease

HIV / AIDS Anemia Thyroid disease Birth Defects Irritable Bowel Asthma / COPD / Emphysema

Depression Anxiety Bipolar disorder Suicidal Arthritis Stroke / Aneurysm

Cancer (Type?) – Breast / Colon / Skin / Prostate / Lung / Bone / Brain / Lymphoma / Leukemia / Others: \_\_\_\_\_

### **Alcohol use**

How often? Never / Socially / Daily

Is alcohol use an addiction? Y / N

Are you or have you been in rehab? Y / N

### **Tobacco use**

How many packs per day? 1 / 2 / 3 / +

What age did you start? \_\_\_\_\_

Have you ever tried to quit? Y / N

### **Drug use**

Drugs abused? MJ / Cocaine / Methamphetamine / Heroin / Opioids / Ecstasy / Others: \_\_\_\_\_ Completed rehab? Y / N

# Aloha Nui DPC, LLC.

The Dan Harmeling Medical & Wellness Center

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## PREVENTATIVE SCREENING HISTORY

- ☐ Bone Density (DEXA) Date: \_\_\_\_\_
- ☐ Pap Smear Date: \_\_\_\_\_
- ☐ Mammogram Date: \_\_\_\_\_
- ☐ Colonoscopy Date: \_\_\_\_\_

## SURGICAL HISTORY

- ☐ Appendectomy Date: \_\_\_\_\_
- ☐ Breast Biopsy Date: \_\_\_\_\_
- ☐ Carpal Tunnel Date: \_\_\_\_\_
- ☐ C-Section Date: \_\_\_\_\_
- ☐ Gall Bladder Date: \_\_\_\_\_
- ☐ EGD Date: \_\_\_\_\_
- ☐ Heart Cath Date: \_\_\_\_\_
- ☐ Heart Stent Date: \_\_\_\_\_
- ☐ Hernia Repair Date: \_\_\_\_\_
- ☐ Hysterectomy Date: \_\_\_\_\_
- ☐ Mastectomy Date: \_\_\_\_\_
- ☐ Ear Tubes Date: \_\_\_\_\_
- ☐ Prostate Date: \_\_\_\_\_
- ☐ Spine Date: \_\_\_\_\_
- ☐ Tonsils Date: \_\_\_\_\_
- ☐ Knee Date: \_\_\_\_\_
- ☐ Hip Date: \_\_\_\_\_
- ☐ Shoulder Date: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_ Date: \_\_\_\_\_

OB HISTORY	GYN HISTORY
Total: ____	LMP: ____
Full Term: ____	Age of Menopause: ____
Premature: ____	Sexually Active?: ____
Abortions: ____	Irregular Menses? ____
Miscarriage: ____	
Multiple Births: ____	
Living Children: ____	