## **HEALTH HISTORY**

(Confidential)

| Name   |                                 | Today's Date                      |  |  |  |  |
|--|---------------------------------|-----------------------------------|--|--|--|--|
| Age Birth Date   |                                 | Date of last physical examination |  |  |  |  |
| What is your reason for visit                            | t                               |                                   |  |  |  |  |
| SYMPTOMS Check (x) symptom                               | s you currently have or have ha | d in the past year.               |  |  |  |  |
| GENERAL  | GASTROINTESTINAL                | EYE, EAR, NOSE, THROAT            | MEN ONLY                               |  |  |  |
| Chills   | Appetite poor                   | Bleeding gums                     | Breast lump                            |  |  |  |
| Depression   | Bloating                        | Blurred vision                    | Erection difficulties                  |  |  |  |
| Dizziness  | Bowel changes                   | Crossed eyes                      | Lump in testicles                      |  |  |  |
| Fainting   | Constipation                    | Difficulty swallowing             | Penis discharge                        |  |  |  |
| Fever  | Diarrhea                        | Double vision                     | Sore on penis                          |  |  |  |
| Forgetfulness  | Excessive Hunger                | Earache                           | Other                                  |  |  |  |
| Headache   | Excessive Thirst                | Ear Discharge                     | WOMEN ONLY                             |  |  |  |
| Loss of sleep  | Gas                             | Hay Fever                         | Abnormal Pap Smear                     |  |  |  |
| Loss of Weight   | Hemorrhoids                     | Hoarseness                        | Bleeding between periods               |  |  |  |
| Nervousness  | Indigestion                     | Loss of hearing                   | Breast lump                            |  |  |  |
| Numbness   | Nausea                          | Nosebleeds                        | Extreme menstrual pain                 |  |  |  |
| Sweats   | Rectal bleeding                 | Persistent cough                  | Hot flashes                            |  |  |  |
| MUSCLE/JOINT/BONE  | Stomach pain                    | Ringing in ears                   | Nipple discharge                       |  |  |  |
| Pain, weakness, numbness in:                             | Vomiting                        | Sinus problems                    | Painful intercourse                    |  |  |  |
| Arms Hips  | Vomiting blood                  | Vision - Flashes                  | Vaginal discharge                      |  |  |  |
| Back Legs  | CARDIOVASCULAR                  | Vision - Halos                    | Other                                  |  |  |  |
| Feet Neck  | Chest pain                      | SKIN                              | Date of last menstrual                 |  |  |  |
| Hands Shoulders  | High blood pressure             | Bruise easily                     | period                                 |  |  |  |
| Genito _ Urinary   | Irregular heartbeat             | Hives                             | Date of last Pap                       |  |  |  |
| Blood in urine   | Low blood pressure              | Itching                           | Smear                                  |  |  |  |
| Frequent urination                                       | Poor circulation                | Change in moles                   | Have you had a                         |  |  |  |
| Lack of bladder control                                  | Rapid heart beat                | Rash                              | mammogram?                             |  |  |  |
| Painful urination  | Swelling of ankles              | Scars                             | Are you pregnant?                      |  |  |  |
|  | Varicose veins                  | Sore that won't heal              | Number of children                     |  |  |  |
| CONDITIONS Check (x) condition                           | ns you have or have had in the  | nast.                             |  |  |  |  |
|  |                                 | •                                 | Dunastata Dunahlam                     |  |  |  |
| AIDS   | Chemical Dependency             | High Cholesterol                  | Prostate Problem                       |  |  |  |
| Alcoholism   | Chicken Pox Diabetes            | HIV Positive                      | Psychiatric Care                       |  |  |  |
| Anemia<br>Anorexia                                       | = 10.00 0 10 0                  | Kidney Disease<br>Liver Disease   | Rheumatic Fever<br>Scarlet Fever       |  |  |  |
| Appendicitis   | Emphysema                       | Liver Disease  Measles            | Stroke                                 |  |  |  |
| • •  | Epilepsy                        |                                   | <del></del>                            |  |  |  |
| Arthritis<br>Asthma                                      | Glaucoma<br>Goiter              | Migraine Headaches<br>Miscarriage | Suicide attempt Thyroid Problems       |  |  |  |
|  | Goner<br>Gonorrhea              | Mononucleosis                     | Tryroid Problems Tonsillitis           |  |  |  |
| <ul><li>Bleeding Disorders</li><li>Breast Lump</li></ul> | Gout                            | Multiple Sclerosis                | Tonsillitis Tuberculosis               |  |  |  |
| Bronchitis   | Gout<br>Heart Disease           |                                   | Tuberculosis<br>Typhoid Fever          |  |  |  |
| Bulimia  | Hepatitis                       | Mumps<br>Pacemaker                | Ulcers                                 |  |  |  |
| Cancer   | Hernia                          | Pneumonia                         | Vaginal Infections                     |  |  |  |
| Cataracts  | Herpes                          | Polio                             | Vaginal infections<br>Venereal Disease |  |  |  |
| Catalacts  | ricipes                         | 1 0110                            | venereal Disease                       |  |  |  |
| MEDICATIONS List medications                             | s you are currently taking      | ALLERG                            | GIES To medications or substances      |  |  |  |
|  |                                 |                                   |  |  |  |  |
|  |                                 |                                   |  |  |  |  |
|  |                                 |                                   |  |  |  |  |
| Pharmacy Name  | Phone _                         |                                   |  |  |  |  |

## (All Information is strictly confidential)

|   | Age    | State of<br>Health | Age at<br>Death | Cause of    | Death  |  | lf, your bl<br>Disease | ood relativ   | es had any of the following:<br>Relationship to you |
|---|--------|--------------------|-----------------|-------------|--------|--|------------------------|---|---|
| ather   |        |                    |                 |             |        | Arthriti   | s, Gout                |   |   |
| Mother  |        |                    |                 |             |        | Asthm  | a, Hay Fe              | ver   |   |
| Brothers  |        |                    |                 |             |        | Cance  | r                      |   |   |
|   |        |                    |                 |             |        | Chemi  | cal Depen              | dency   |   |
|   |        |                    |                 |             |        | Diabet   | es                     |   |   |
|   |        |                    |                 |             |        |  | Disease, S             |   |   |
| Sisters   |        |                    |                 |             |        |  | lood Pres              | sure  |   |
|   |        |                    |                 |             |        |  | Disease                |   |   |
|   |        |                    |                 |             |        | Tubero   | culosis                |   |   |
| LOODIT  |        | <b>5</b> 10110     |                 |             |        | Other  | 5556                   |   | UOTO DV   |
| HOSPITALIZATIONS Year Hospital Reason for Hospitalization and Outcome |        |                    |                 |             | come   | PREGNANCY HISTORY  Year of Sex of Complications If any Birth Birth |                        |   |   |
|   |        |                    |                 |             |        |  |                        |   |   |
|   |        |                    |                 |             |        |  |                        |   |   |
|   |        |                    |                 |             |        |  |                        |   |   |
|   |        |                    |                 |             |        |  |                        |   |   |
|   |        |                    |                 |             |        |  |                        |   |   |
|   |        |                    |                 |             |        |  | UEAL 7                 | FU UADIT  | 'C Observato (VV) analyticato                       |
|   |        |                    |                 |             |        |  | substan                |   | S Check (X) which<br>e and describe                 |
|   |        |                    |                 |             |        |  | HOW HILL               | icii you use  | •   |
| Have yo   | u ever | had a blo          | ood trans       | fusion? Yes | . No - |  |                        | Caffeine  | •   |
| -   |        |                    | ood trans       |             | No –   |  | (                      |   | •   |
| If yes, p   | lease  |                    | oximate da      |             | No -   |  | (                      | Caffeine  | •   |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | ]                      | Caffeine<br>Tobacco   | •   |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | OCCU<br>Chec           | Caffeine Fobacco Orugs Other  | L CONCERNS<br>work exposes you                      |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | OCCU Chec              | Caffeine Tobacco Orugs Other  PATIONA k (/) if your   | L CONCERNS<br>work exposes you                      |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | OCCU Chec to the       | Caffeine Tobacco Drugs Other  PATIONA k (/) if your e following: Stress                       | L CONCERNS<br>work exposes you                      |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | OCCU<br>Chec<br>to the | Caffeine Tobacco Drugs Other  PATIONA k (/) if your e following: Stress                       | L CONCERNS<br>work exposes you                      |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | OCCU Chec to the       | Caffeine Tobacco Drugs Other  PATIONA k (/) if your e following: Stress Hazardous             | L CONCERNS<br>work exposes you                      |
| If yes, p   | lease  | give appro         | oximate da      | ates.       |        |  | OCCU<br>Chec to the    | Caffeine Tobacco Drugs Other  PATIONA k (/) if your e following: Stress Hazardous Heavy Lifti | L CONCERNS<br>work exposes you                      |