

HEALTH HISTORY

Name _____ Date _____

PAST MEDICAL HISTORY

ILLNESSES (e.g., diabetes, heart disease, etc.): _____

SURGERIES (and dates): _____

CURRENT MEDICATIONS (and dose): _____

ALLERGIES TO MEDICATIONS: _____

SMOKE: Yes _____ No _____ Packs per day _____ Number of years _____

ALCOHOL: Yes _____ No _____ Amount per Day/Week (circle) _____

ADDICTIONS (drugs, etc.): _____ Cups of coffee per day _____ Diet Soda / Pop _____

SOCIAL HISTORY (circle): Married / Single / Divorced / Widowed / Separated / Partner / Engaged

EDUCATION LEVEL (circle): High School / College (how many years) _____ / Postgraduate

HOBBIES: _____

FAMILY HISTORY: Hypertension _____ Diabetes _____ Heart _____ Gout _____ Cancer _____ Tuberculosis _____ Arthritis _____
Other _____

MILITARY SERVICE: Yes _____ No _____ Branch _____ Dates _____
Service-connected disabilities _____

REVIEW OF SYSTEMS AT THIS TIME (check all that apply):

- BONE / JOINT: Rheumatoid arthritis _____ Degenerative arthritis _____ Fracture _____ Gout _____ Fibromyalgia _____
Lupus _____ Osteoporosis _____
- HEAD / NECK: Recent cold / sore throat _____ Ringing in ears _____ Dizziness _____ Lightheadedness _____
- LUNGS: Shortness of breath _____ Pneumonia _____ Asthma _____ Bronchitis _____ Emphysema _____
Phlegm _____ Chronic cough _____ Coughing up blood _____ Tuberculosis _____
Pulmonary emboli (clot in lungs) _____
- HEART: Chest pain _____ Ankle swelling _____ Murmur _____ Heart attack _____ Stroke _____
Shortness of breath with exertion _____, at rest _____, in bed _____ Phlebitis (blood clot) _____
High blood pressure _____
- DIGESTIVE: Ulcer _____ Blood in bowel movement _____ Hepatitis _____ Vomit blood _____ Black or tarry stools _____
Gastroesophageal reflux (GERD)
- KIDNEYS: Urinary infection _____ Blood in urine _____ Increased frequency _____ Kidney stones _____
- BLADDER: Painful urination _____ Night urination _____ Prostate enlargement _____
- BLOOD: Anemia _____ Easy bruising _____ HIV _____
- NERVE: Carpal tunnel syndrome _____ Severe headache _____ Migraine _____ Seizures _____
- ENDOCRINE: Diabetes _____ Thyroid _____ Overweight _____ Polycystic ovaries _____ Hypoglycemia _____
- GENERAL: Cancer _____ Benign tumor _____
- PSYCHOLOGICAL: Depression _____ Anxiety _____ Schizophrenia _____ Bipolar _____ A.D.D. _____ A.D.H.D. _____
Posttraumatic stress disorder (PTSD) _____