

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 _____ Lightheaded _____

LUNGS: Shortness of breath _____ Pneumonia _____ Asthma _____ Bronchitis _____
Emphysema _____ Phlegm _____ Chronic cough _____ Coughing up blood _____
Tuberculosis _____ Pulmonary emboli (*clot in lung*) _____

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. _____ Post-traumatic stress disorder (*PTSD*) _____