## HEALTH HISTORY Confidential

Patient Name		Today's	Date
	Date of last phy		
What is your reason for visit?			
SYMPTOMS Check ( / ) syr	mptoms you currently have or have	a had in the past year.	. The second of the second
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	
☐ Loss of sleep	☐ Gas	☐ Hay fever	WOMEN only
☐ Loss of weight	☐ Hernorrhoids	☐ Hoarseness	☐ Abnormal Pap Smear
☐ Nervousness	☐ Indigestion	☐ Loss of hearing	☐ Bleeding between periods
☐ Numbness	☐ Nausea	☐ Nosebleeds	☐ Breast lump
☐ Sweats	☐ Rectal bleeding	☐ Persistent cough	☐ Extreme menstrual pain
	☐ Stomach pain	☐ Ringing in ears	☐ Hot flashes
MUSCLE/JOINT/BONE	☐ Vomiting	☐ Sinus problems	☐ Nipple discharge
Pain, weakness, numbness in:		☐ Vision – Flashes	☐ Painful intercourse
☐ Arms ☐ Hips	,	☐ Vision – Halos	☐ Vaginal discharge
☐ Back ☐ Legs	CARDIOVASCULAR		☐ Other
☐ Feet ☐ Neck	☐ Chest pain	SKIN	Date of last
☐ Hands ☐ Shoulders	☐ High blood pressure	☐ Bruise easily	menstrual period
	☐ Irregular heart beat	☐ Hives	Date of last
<b>GENITO-URINARY</b>	☐ Low blood pressure	☐ Itching	Pap Smear
☐ Blood in urine	☐ Poor circulation	☐ Change in moles	Have you had
☐ Frequent urination	☐ Rapid heart beat	☐ Rash	a mammogram?
☐ Lack of bladder control	☐ Swelling of ankles	☐ Scars	Are you pregnant?
☐ Painful urination	☐ Varicose veins	☐ Sore that won't heal	Number of children
CONDITIONS Check (V) co	onditions you have or have had in I	he past	
□AIDS	☐ Chemical Dependency		
Alcoholism	☐ Chicken Pox	☐ High Cholesterol ☐ HIV Positive	☐ Prostate Problem
☐ Anemia	☐ Diabetes	A STATE OF S	☐ Psychiatric Care
☐ Anorexia	☐ Emphysema	☐ Kidney Disease ☐ Liver Disease	☐ Rheumatic Fever
☐ Appendicitis	☐ Epilepsy		☐ Scarlet Fever
☐ Arthritis	☐ Glaucoma	☐ Measles	☐ Stroke
☐ Asthma	☐ Goiter	☐ Migraine Headaches	☐ Suicide Attempt
☐ Bleeding Disorders	☐ Gonorrhea	☐ Miscarriage	☐ Thyroid Problems
☐ Breast Lump	☐ Gout	☐ Mononucleosis	☐ Tonsillitis
☐ Bronchitis	☐ Heart Disease	☐ Multiple Sclerosis	☐ Tuberculosis
☐ Bulimia	☐ Heart Disease ☐ Hepatitis	☐ Mumps	☐ Typhoid Fever
☐ Cancer	☐ Hernia	☐ Pacemaker	Ulcers
☐ Cataracts		☐ Pneumonia	☐ Vaginal Infections
- Odiaraois	☐ Herpes	☐ Polio	☐ Venereal Disease
MEDICATIONS List medica	tions you are currently taking.	ALLERGIES TO	medications or substances
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Pharmacy Name	Phone		
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All information is strictly confidential

Relation	- 1	Ciri-				nmediate fami				
	Age	State of Health	Age at Death	Caus	e of Death	Cneck (		ood rei sease	atives had ai	ny of the following: Relationship to you
Father						A	Arthritis, Gou	ut		
Nother							Asthma, Hay	Fever		
rothers							Cancer			:
-							Chemical De	pender	ю	
		ē	-				Diabetes			
							Heart Diseas	se, Strol	kes	
Sisters							High Blood F	ressure	)	
							Kidney Disea	ase		
						-	Tuberculosis	· · · · · · · · · · · · · · · · · · ·		
		e .			, , , , , , , , , , , , , , , , , , ,		Other			
IOSPIT/	ALIZA	William Co. Co. Co. Co.						PRE	GNANCY F	
ear		Hospital		Reas	on for Hospi	talization and	l Outcome	Year of Birth	Sex of ( Birth (	Complications if any
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	***********					addina di distributi di santa		moon	Caffeine	
lave you ever had a blood transfusion?							Tobacco			
lave vo	u ever	had a bl	ood trans	If yes, please give approximate dates						
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If yes, pl	lease g	ive approx	imate date				· · · · · · · · · · · · · · · · · · ·		Street Drug	S
If yes, pl	lease g		imate date		DATE	ОИТС	OME			8
If yes, pl	lease g	ive approx	imate date				OME		Street Drug	5
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If yes, pl	lease g	ive approx	imate date				DME	Check the fo	Other  UPATIONAL  ( /) if your willowing:  Stress  Hazardous S  Heavy Lifting	CONCERNS fork exposes you to
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If yes, pl	ny knowleth.	SS/INJUR	imate date	s	DATE	OUTC		Check the fo	Other  UPATIONAL  (/) if your willowing:  Stress  Hazardous s  Heavy Lifting  Other  Occupation:	CONCERNS ork exposes you to Substances