Medical History

Date

Name | Date of Birth | Age | Sex (Select) | Race

Health History of the Patient

Condition	Yes	No
Asthma	☐	☐
Stroke	☐	☐
Heart Trouble	☐	☐
High Blood Pressure	☐	☐
Diabetes	☐	☐
Arthritis	☐	☐
Gout	☐	☐
Seizures	☐	☐
Mental Illness	☐	☐
Kidney Trouble/Stones	☐	☐
Cancer	☐	☐
Bleeding Disorders	☐	☐
Alcoholism	☐	☐
Serious Injuries	☐	☐
Lung Disease	☐	☐
Tuberculosis	☐	☐
Phlebitis	☐	☐
Anemia	☐	☐
Stomach Ulcers	☐	☐
Liver Trouble	☐	☐
Thyroid Trouble	☐	☐
Other Illnesses	☐	☐

Explain all Yes answers:

Surgical Procedures (include dates)

Current Medications / Dosages

Allergies to Medications None ☐

Family History

Condition	Yes	No
Stroke	☐	☐
Heart Trouble	☐	☐
High Blood Pressure	☐	☐
Diabetes	☐	☐
Arthritis	☐	☐
Gout	☐	☐
Seizures	☐	☐
Mental Illness	☐	☐
Kidney Trouble/Stones	☐	☐
Cancer	☐	☐
Bleeding Disorders	☐	☐
Alcoholism	☐	☐
Other Illnesses	☐	☐

Explain all Yes answers:

Cause of death of parents, brothers, sisters:

Social History

Most recent occupation

Marital Status (Select)

Number of Pregnancies

Number of children living

Presently living alone? (Yes)

Smoke ☐ Packs per Day (1/2)

Alcohol Use? (Select)

Drug Overuse? (Select)

Review of Systems

Have you recently had or do you now have?

	Yes	No
Reading glasses	☐	☐
Change of vision	☐	☐
Loss of hearing	☐	☐
Ear pain	☐	☐
Hoarseness	☐	☐
Nose Bleeds	☐	☐
Difficulty Swallowing	☐	☐
Morning Cough	☐	☐
Shortness of breath	☐	☐
Chills or Fever	☐	☐
Heart or Chest pain	☐	☐
Abnormal heartbeat	☐	☐
Badly swollen ankles	☐	☐
Calf cramps when walking	☐	☐
Poor appetite	☐	☐
Toothache	☐	☐
Gum trouble	☐	☐
Nausea or vomiting	☐	☐
Stomach pain	☐	☐
Ulcers	☐	☐
Frequent Belching	☐	☐
Frequent loose bowel mov	☐	☐
Blood in bowel mov.	☐	☐
Frequent constipation	☐	☐
Hemorrhoids	☐	☐
Frequent urination(pass water)	☐	☐
Burning Urination	☐	☐
Difficulty starting urination	☐	☐
Difficulty stopping urination	☐	☐
Up every night to urinate	☐	☐
Frequent rash	☐	☐
Hot or cold spells	☐	☐
Recent weight change	☐	☐
Nervous Exhaustion	☐	☐
Insomnia	☐	☐
Depression	☐	☐
Nervous Tension	☐	☐

Women Only:

Irregular periods	☐	☐
Vaginal Discharge	☐	☐
Freqent spotting	☐	☐

Clear Form | Print Form