



NAME - LAST	FIRST	MI	AGE	DATE
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1. Please list the Medical Problem(s) for which you came to see the doctor today. When did it (they) begin?

- a.
- b.
- c.
- d.

Doctor's notes on present illness.

2. General Description of Your Health ___ Excellent Good ___ Fair ___ Poor

3. Past Health History -- Please indicate by year what problems you have had in the past or *have* now. Leave blank if not pertinent to your medical history.

- | | | | |
|--------------------------------------|-----------------------------------|--------------------------------|-------------------------------------|
| ___ eye disease/injury | ___ gastritis | ___ arthritis | ___ mental illness |
| ___ ear disease/injury | ___ peptic ulcer disease | ___ gout | ___ depression |
| ___ chronic/recurrent sinusitis | ___ colitis/inflammatory | ___ neck or back injuries/pain | ___ nervous breakdown |
| ___ allergy | ___ bowel disease | ___ fractures | ___ alcohol problems |
| ___ heart disease/heart attack | ___ irritable bowel/spastic colon | ___ diabetes | ___ drug abuse |
| ___ heart murmur | ___ diverticulosis/itis | ___ thyroid problems | ___ polio/mumps |
| ___ irregular heart rhythm | ___ liver disease inc. hepatitis | ___ anemia | ___ Measles/german measles |
| ___ high blood pressure | ___ hemorrhoids/rectal bleeding | ___ bleeding abnormalities | ___ Chicken pox/shingles |
| ___ high cholesterol | ___ gall bladder disease | ___ blood clots in a | ___ genital herpes |
| ___ chronic bronchitis/
emphysema | ___ pancreatitis | ___ transfusions | ___ sexually transmitted
disease |
| ___ asthma | ___ appendicitis | ___ cancer/tumor | ___ AIDS |
| ___ pneumonia | ___ hernia | ___ headaches/migraines | ___ other medical problems |
| ___ tuberculosis | ___ kidney disease/stones | ___ head injury/concussion | |
| ___ other lung disease | ___ bladder problems/chronic utis | ___ stroke/CVA | |
| | ___ prostate abnormalities | ___ seizures/convulsions | |

Doctor's notes on past health history.

4. List Hospitalizations, Surgeries or **Major** injuries.

- | | | | |
|----|-------|----|-------|
| a. | YEAR | e. | |
| b. | _____ | f. | _____ |
| c. | _____ | g. | _____ |
| d. | _____ | h. | _____ |

Doctor's notes on above.

5. **Current Medications** - List all prescription and non-prescription meds.

MEDICATION	STRENGTH	HOW OFTEN

6. **Allergies to Medications.**

DRUG	REACTION

7. **Sensitivities to Foods/Chemicals/Etc.**

DRUG	REACTION

8. **Immunizations & Tests** - Please write in dates for the most recent booster/immunization for the following:

Tetanus _____	TB Skin Test _____	(Results _____)	Mumps _____	Rubella _____
Measles _____	Hepatitis B _____		Pneumonia _____	Flu _____

9. **Family History** - If unknown please check here

	GOOD HEALTH	HEART DISEASE	DIABETES	HYPERTENSION	STROKE	CANCER	OTHER CHRONIC ILLNESS	CAUSE OF DEATH
Father								
Mother								
Grandparent								
Grandparent								
Grandparent								
Brother								
Brother								
Sister								
Sister								

Doctors notes on family history.

10. **Social History-**

- Please briefly describe your living situation; i.e., who lives in your house/apartment, relationship to you, type of dwelling.
- Please briefly describe your occupation and daily activities.

11. **Lifestyle-**

- How often do you exercise _____ . What types? _____
- Have you every smoked? _____ How much? _____ How long? _____, Did you quit? _____ \When? _____
- How much caffeine do you drink daily? Coffee _____ Teas _____ Sodas _____
- Do you use sunscreens regularly? _____
- Do you use seatbelts regularly? _____
- How often do you drink alcohol? Daily _____ 3x/wk _____ Rarely _____ Never _____
- Do you drink beer _____ wine _____ hard liquor _____ ?
- Have you every had a problem alcohol? _____ Drugs (including prescription drugs)? _____ Marijuana? _____
Have you travelled out of the country in the past 2 years? If so, where? _____
- Is it possible that you have been exposed to the AIDS virus thru sexual contact or contaminated blood or needle use? _____
- Have you had more than one sexual partner in the past year? _____ How many? _____

Doctors notes on social history and lifestyle.