## HEALTH HISTORY Confidential

			Today's Date				
Patient Name	41-1-4-		Height		Weight		
	rthdate						
				vear.			
SYMPTOMS	Check (/) symp	otoms you currently have or have	had in the past	year.	MEN only		
GEN	ERAL	GASTROINTESTINAL	EYE, EAR, NOSE, THROAT		☐ Breast lump		
☐ Chills		Appetite poor	☐ Bleeding gums ☐ Blurred vision		☐ Erection difficulties		
☐ Depression		☐ Bloating	☐ Crossed eyes		Lump in testicles		
☐ Dizziness		☐ Bowel changes	☐ Difficulty swallowing		☐ Penis discharge		
☐ Fainting		☐ Constipation	Double vision		☐ Sore on penis		
☐ Fever		☐ Diarrhea ☐ Excessive hunger	☐ Earache		□ Other		
☐ Forgetfulness		☐ Excessive thirst	☐ Ear discharge				
☐ Headache			☐ Hay fever		WOMEN only		
Loss of slee	•	☐ Hemorrhoids			Abnormal Pap Smear		
☐ Loss of weight		-	Loss of hearing		☐ Bleeding between periods		
☐ Nervousnes	ss	☐ Indigestion	☐ Nosebleeds		☐ Breast lump		
Numbness		☐ Nausea	Persistent cough		☐ Extreme menstrual pain		
☐ Sweats		☐ Rectal bleeding	☐ Ringing in ears		☐ Hot flashes		
		Stomach pain			☐ Nipple discharge		
	JOINT/BONE	☐ Vomiting	☐ Vision – Flashes		Painful intercourse		
	s, numbness in:	☐ Vomiting blood	☐ Vision -		☐ Vaginal discharge		
☐ Arms ☐ Hips		CARDIOVASCULAR			☐ Other		
☐ Back	Legs	☐ Chest pain	SKIN		Date of last		
Feet	☐ Neck	☐ High blood pressure	☐ Bruise e		menstrual period		
☐ Hands ☐ Shoulders		☐ Irregular heart beat	☐ Hives		Date of last		
GENITO-URINARY		☐ Low blood pressure	☐ Itching		Pap Smear		
		☐ Poor circulation	☐ Change in moles		Have you had		
☐ Blood in urine		☐ Rapid heart beat	☐ Rash		a mammogram?		
☐ Frequent urination ☐ Lack of bladder control		Swelling of ankles	☐ Scars		Are you pregnant?		
Painful urination		☐ Varicose veins	☐ Sore that won't heal		Number of children		
CONDITIO	NS Check (🗸) co	onditions you have or have had in		<u> </u>	<u> </u>		
☐ AIDS		☐ Chemical Dependency	☐ High Cholesterol		☐ Prostate Problem		
☐ Alcoholism		☐ Chicken Pox	HIV Positive		☐ Psychiatric Care		
☐ Anemia		□ Diabetes	☐ Kidney Disease		☐ Rheumatic Fever		
☐ Anorexia		☐ Emphysema	Liver Disease		☐ Scarlet Fever		
☐ Appendicitis		☐ Epilepsy	☐ Measles		☐ Stroke		
☐ Arthritis		☐ Glaucoma	☐ Migraine Headaches		☐ Suicide Attempt		
☐ Asthma		☐ Goiter	☐ Miscarriage		☐ Thyroid Problems		
☐ Bleeding Disorders		Gonorrhea	☐ Mononucleosis		☐ Tonsillitis		
☐ Breast Lump		☐ Gout	☐ Multiple	Scierosis	☐ Tuberculosis		
☐ Bronchitis		☐ Heart Disease	☐ Mumps		☐ Typhoid Fever		
☐ Bulimia		☐ Hepatitis	☐ Pacema		Ulcers		
☐ Cancer		☐ Hernia	☐ Pneumonia		<ul><li>☐ Vaginal Infections</li><li>☐ Venereal Disease</li></ul>		
☐ Cataracts		☐ Herpes	☐ Polio		☐ Venereal Disease		
MEDICATION	ONS List medic	ations you are currently taking.		ALLERGIES	To medications or substances		
			-		(1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
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Pharmacy Na	me	Phone					

All information is strictly confidential

Relation	Age	State of Health	Age at Death	Cause	e of Death	Check (	mediate family.  Check (✓) if, your blood relatives had any of the follow  Disease Relationship				
Father							Arthritis, Gou	ıt			
Mother							Asthma, Hay	Fever		364 (460)	
rothers							Cancer				
		ā 14		3	581, A 19 RI	the admission	Chemical Dependency Diabetes			La end Chicrella	
	İ	that colors	1	PRINCE.	HI COLD IN	EZ 9				4 15	
1	niter	b /illiaur			rotely begun		Heart Diseas	e, Strol	kes		
Sisters	5016	Solb nings		mark to said	OF DESCRIPTION		ligh Blood F			Tenny	
	21.1	d no fire			to make the Zama	3E- 1	Kidney Disease			-	
					7,500		Tuberculosis	117	- [	SERVE AUGUS	
	e Pra	ED V/			15vel vol		Other			Supple -	
HOSPITA	LIZA			1.	- 111		1		GNANCY		
Year		Hospital		Reaso	n for Hosp	italization and	Outcome	Year of Birth	Sex of Birth	Complications if any	
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	ngang nse some some C age of the some some some some some some some som						aet nato	HEALTH HABITS Check (/) which substances you use and describe how much you use.			
Charles and the control of the contr							Eliya E	Caffeine	ne how refre		
	un ing			(union?		□ Na	enisors enisors		Tobacco		
Have you ever had a blood transfusion?								Street Drug	os .		
The state of the s				DATE	OUTCO	OME		Other			
SERIOUS ILLNESS/INJURIES				בואור	0010	22.25.11.24. No.	1 1945	Other			
	guisting.							797728-3		Activities (	
	TEVE	Rite is pr			o der Daah J		0.761	atigns 1		u couespue	
armatas Atologofi				egennaasM	H	GA.	OCCUPATIONAL CONCERNS Check (<) if your work exposes you to the following:				
200 (300 to 1) 200 (300 to 1)					Manager de		6%	jon, D	Stress		
* Neve-learning L1				z dimes	Ĭ.	168.0 0010		Hazardous Substances			
		20000	_		Pacamers	40	2	Smed	Heavy Lifti	ng RI = II RI	
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					OHU.			Your	occupation:		
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the best of		ledge, the ab	ove information	is complete	and correct. I u	understand that it is	my responsibili	ty to inform	m my doctor if I,	or my minor child, ever have a	
		nature of Pati	ent, Parent, Gu	ardian or Pe	rsonal Represe	entative				Date	
	Please	print name of	Patient, Paren	, Guardian c	r Personal Rep	presentative			Relatio	nship to Patient	