

Patient Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Health History

*(Check all conditions which are applicable to your past medical history)*

#### GENERAL

- 1)fever \_\_\_\_\_
- 2)chills \_\_\_\_\_
- 3)night sweats \_\_\_\_\_
- 4)loss of sleep \_\_\_\_\_
- 5)fatigue \_\_\_\_\_
- 6)nervousness \_\_\_\_\_
- 7)weight loss/gain \_\_\_\_\_
- 8)diabetes \_\_\_\_\_
- 9)cancer \_\_\_\_\_
- 10)thyroid disease \_\_\_\_\_
- 11)HIV/AIDS \_\_\_\_\_
- 12)depression \_\_\_\_\_
- 13)anorexia/bulimia \_\_\_\_\_
- 14)gout \_\_\_\_\_
- 15)multiple sclerosis \_\_\_\_\_

#### CARDIOVASCULAR

- 45)irregular heartbeat \_\_\_\_\_
- 46)chest pain/angina \_\_\_\_\_
- 47)history of heart trouble \_\_\_\_\_
- 48)ankle swelling \_\_\_\_\_
- 49)varicose veins \_\_\_\_\_
- 50)high blood pressure \_\_\_\_\_
- 51)stroke \_\_\_\_\_
- 52)anemia \_\_\_\_\_
- 53)bleeding disorders \_\_\_\_\_
- 54)high cholesterol \_\_\_\_\_
- 55)pacemaker \_\_\_\_\_

#### NEUROLOGICAL

- 77)weakness \_\_\_\_\_
- 78)twitching \_\_\_\_\_
- 79)tremor \_\_\_\_\_
- 80)fainting \_\_\_\_\_
- 81)epilepsy \_\_\_\_\_
- 82)numbness/tingling \_\_\_\_\_
- 83)arm/leg pain \_\_\_\_\_
- 84)psychiatric disorder \_\_\_\_\_
- 85)dizziness \_\_\_\_\_
- 86)convulsions \_\_\_\_\_

#### SKIN

- 107)itching \_\_\_\_\_
- 108)bruise easily \_\_\_\_\_
- 109)skin cancer \_\_\_\_\_
- 110)abnormal moles \_\_\_\_\_

#### FAMILY HISTORY

- 118)cancer \_\_\_\_\_
- 119)diabetes \_\_\_\_\_
- 120)high blood pressure \_\_\_\_\_
- 121)heart disease \_\_\_\_\_
- 122)muscle/bone/nerve disease \_\_\_\_\_
- 123)thyroid disease \_\_\_\_\_

#### EENT

- 16)poor vision \_\_\_\_\_
- 17)blurry vision \_\_\_\_\_
- 18)pain in eye(s) \_\_\_\_\_
- 19)cataracts \_\_\_\_\_
- 20)glaucoma \_\_\_\_\_
- 21)change in vision \_\_\_\_\_
- 22)difficulty hearing \_\_\_\_\_
- 23)deafness \_\_\_\_\_
- 24)nosebleeds \_\_\_\_\_
- 25)pain in nose \_\_\_\_\_
- 26)hoarseness \_\_\_\_\_
- 27)dental problems \_\_\_\_\_
- 28)toothaches \_\_\_\_\_
- 29)sinusitis \_\_\_\_\_

#### GENITOURINARY

- 56)frequent/painful urination \_\_\_\_\_
- 57)blood in urine \_\_\_\_\_
- 58)kidney disease \_\_\_\_\_
- 59)urinary infection \_\_\_\_\_
- 60)breast pain \_\_\_\_\_
- 61)breast lump \_\_\_\_\_
- 62)inability to control urination \_\_\_\_\_
- 63)difficulty starting urine flow \_\_\_\_\_
- 64)get up \_\_\_\_ X/night to urinate \_\_\_\_\_
- 65)sexual dysfunction \_\_\_\_\_
- 66)venereal infections \_\_\_\_\_

#### MUSCULOSKELETAL

- 87)neck pain/stiffness \_\_\_\_\_
- 88)pain between the shoulders \_\_\_\_\_
- 89)upper/low back pain \_\_\_\_\_
- 90)headaches/migraines \_\_\_\_\_
- 91)swollen/painful joints \_\_\_\_\_
- 92)muscle aches/soreness \_\_\_\_\_
- 93)osteoporosis \_\_\_\_\_
- 94)rheumatoid arthritis \_\_\_\_\_
- 95)arthritis pain \_\_\_\_\_

#### SOCIAL

- 111)alcohol abuse \_\_\_\_\_
- 112)recreational drug use \_\_\_\_\_
- 113)smoking \_\_\_\_ packs/day \_\_\_\_\_
- 114)exercise \_\_\_\_ X/week \_\_\_\_\_

125)Current medications \_\_\_\_\_

126)Current Vitamins/Supplements \_\_\_\_\_

127)Allergies \_\_\_\_\_

128)Hospitalizations/Surgeries \_\_\_\_\_

#### GASTROINTESTINAL

- 30)hernia \_\_\_\_\_
- 31)change in appetite \_\_\_\_\_
- 32)indigestion \_\_\_\_\_
- 33)difficulty/painful swallowing \_\_\_\_\_
- 34)nausea/vomiting \_\_\_\_\_
- 35)excessive belching/gas \_\_\_\_\_
- 36)hemorrhoids \_\_\_\_\_
- 37)vomiting blood \_\_\_\_\_
- 38)pain in abdomen \_\_\_\_\_
- 39)ulcers \_\_\_\_\_
- 40)black/bloody stool \_\_\_\_\_
- 41)liver problems/hepatitis \_\_\_\_\_
- 42)gallbladder problems \_\_\_\_\_
- 43)jaundice \_\_\_\_\_
- 44)constipation/diarrhea \_\_\_\_\_

#### RESPIRATORY

- 67)asthma \_\_\_\_\_
- 68)difficulty breathing \_\_\_\_\_
- 69)chronic cough \_\_\_\_\_
- 70)wheezing \_\_\_\_\_
- 71)spitting phlegm \_\_\_\_\_
- 72)spitting blood \_\_\_\_\_
- 73)emphysema \_\_\_\_\_
- 74)pneumonia \_\_\_\_\_
- 75)tuberculosis \_\_\_\_\_
- 76)bronchitis \_\_\_\_\_

#### FEMALES ONLY

- 97)painful periods \_\_\_\_\_
- 98)excessive flow \_\_\_\_\_
- 99)irregular cycles \_\_\_\_\_
- 100)vaginal burning/itching \_\_\_\_\_
- 101)hot flashes/menopause \_\_\_\_\_
- 102)pregnant/nursing \_\_\_\_\_
- 103)birth control pills \_\_\_\_\_
- 104)date of last period \_\_\_\_\_
- 105)date of past PAP \_\_\_\_\_
- 106)date of last mammogram \_\_\_\_\_

#### MEN ONLY

- 115)testicular pain \_\_\_\_\_
- 116)testicular swelling \_\_\_\_\_
- 117)prostate problems \_\_\_\_\_