

MEDICAL HISTORY

TODAYS DATE: _____

NAME: _____ DOB: _____

MEDICAL HISTORY: (circle all that applies)

- | | | | |
|---------------------------------|------------------|-------------------------|------------------------|
| Ankle Swelling | Colitis | Hepatitis | Stroke |
| Anesthesia Problems | Diabetes | Heart Disease | Thyroid Problems |
| Anorexia | Diverticulitis | HIV | Venereal Disease |
| Arthritis | Ear Trouble | Kidney/Bladder Problems | History of Blood Clots |
| Asthma/Bronchitis | Epilepsy | Lupus | |
| Blood Pressure Problems | Emphysema | Osteoarthritis | |
| Bleeding Disorder/Bruise Easily | Fracture | Pacemaker | |
| Cancer / Type: _____ | Gout | Paralysis | |
| Cholesterol | Healing Problems | Rheumatoid Arthritis | |
| | Hearing Impaired | Seizures | |

OTHER: _____

SOCIAL HISTORY: Marital Status _____ OCCUPATION: _____

FAMILY HISTORY: Mother _____ Father _____
Sister _____ Brother _____

CURRENT MEDICATIONS: _____

ADMISSION TO HOSPITAL & OPERATIONS (PLEASE LIST): _____

ALLERGIES: Please Circle: Penicillin _____ Hay Fever _____ Shell Fish _____ Food _____
X-ray Dye _____ Codeine _____ Latex _____

Consumption: Circle
Aspirin: Daily _____ Weekly _____
Alcohol: Daily _____ Weekly _____
Tobacco: Daily _____ Weekly _____

PRESENT COMPLAINTS:

Chills	Yes ()	No ()	Nausea/Vomiting/Diarrhea	Yes ()	No ()
Fever	()	()	Painful/Frequent Urination	()	()
Night Sweats	()	()	Nervous/Anxious/Depression	()	()
Dizziness	()	()	Do You Bleed Easily?	()	()
Nose Bleeds	()	()	Heat/Cold Intolerance	()	()
Neck Swelling	()	()	Anorexia	()	()
Hearing Problems	()	()	Fever	()	()
Double Vision	()	()	Loss of Appetite	()	()
Headaches	()	()	Night Sweats	()	()
Chest Pain	()	()			
Palpitations	()	()			
Fainting	()	()			
Shortness of Breath	()	()			
Wheezing / Bronchitis	()	()			