

## HEALTH ASSESSMENT/PATIENT HISTORY

**HOSPITALIZATIONS AND OPERATIONS:** For each hospitalization or operation list the year, location and what procedure was performed (gall bladder removal, removal of uterus and ovaries, etc. Include any chemotherapy or radiation therapy as well)

Year	Location	Type of Operation/Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL MEDICAL PROBLEMS:** Please list any current, ongoing medical issues you are having (cardiac, lung, kidney problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** List any medicines that you use often. Include medicines like Tylenol, aspirin, antacids, laxatives, sleeping pills, cold medicines, antibiotics, herbs or vitamins, sedatives and birth control pills.

Medication	How Much	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALLERGIES:** List all of your allergies or reactions to medicines, foods, plants, animals, dust or other products. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:** Check yes or no on those illnesses below that any blood relatives had.

YES	NO	YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes		Kidney disease		Heart disease		Stroke	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure		Sickle cell problems		Liver disease		Pancreatic	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____					

### SOCIAL HISTORY:

**Tobacco:** (circle Current Past Never) Amount: \_\_\_\_\_ Years \_\_\_\_\_ Type \_\_\_\_\_

**Alcohol Use:** (circle Current Past Never) Amount \_\_\_\_\_ Years \_\_\_\_\_  
Type \_\_\_\_\_

**Tattoos:** \_\_\_\_\_

**PAST MEDICAL HISTORY/REVIEW OF SYSTEMS:** Check those illnesses and problems below that apply to you.

**General**

YES NO

- Change in weight (recent)
- Change in appetite (recent)
- Weakness/fatigue
- Depression
- Poor memory
- Suicidal thoughts

**Skin**

- Eczema
- Hives/Rashes
- Skin cancer
- Change in mole size

**Head & Nevous System**

- Severe headaches/Migraine
- Stroke
- Seizures/epilepsy
- Polio
- Nervous/emotional problems
- Concussion
- Meningitis
- Blackouts
- Dizziness
- Numbness, tingling, burning in hands or feet

**Lungs**

YES NO

- Asthma
- Emphysema
- Pneumonia
- Tuberculosis
- Bronchitis
- Nagging cough
- Coughing up blood
- Shortness of breath

**Heart**

- Chest/heart pain (angina)
- High blood pressure
- Heart attack
- Enlarged heart
- Rheumatic fever
- Racing heart/palpitations
- High cholesterol

**Blood Vessels**

- Varicose veins
- Blood clots in leg
- Leg pain with work/ exertion
- Swelling in feet or ankles

**Abdomen**

YES NO

- Jaundice
- Cirrhosis
- Bleeding varices
- Fluid on abdomen
- Liver coma
- Ulcer
- Black,tarry stool
- Pancreatitis
- Gallstones
- Polyps in colon
- Hemorrhoids
- Hernias
- Diverticulosis
- Constipation
- Trouble swallowing

**Kidney**

- Kidney stones
- Kidney infection
- Frequent urination

**Ears**

- Trouble hearing
- Ringing in ears
- Chronic ear infections

**Eyes**

YES NO

- Change in eyesight
- Glaucoma
- Cataracts
- Blindness

**Bones and Joints**

YES NO

- Arthritis or rheumatism
- Gout
- Broken bones-which ones?
- \_\_\_\_\_

**Blood**

YES NO

- Anemia
- Bleeding problems
- Blood transfusion-when?
- \_\_\_\_\_

**IMPLANTED DEVICES—PLEASE LIST (examples—pacemaker, defibrillator, joint replacements, aneurysm coils)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MALES ONLY**

- Enlarged prostate                        Infection in prostate                        Painful testicles
- Difficulty starting/stopping urine                        Venereal disease

**FEMALES ONLY**

- Discharge from nipples                        Lumps in breast                        Pelvic infection
- Unexpected vaginal bleeding                        Venereal disease

**ADDITIONAL COMMENTS:**