

Patient Health History...

Full Name (last, first): _____ Today's Date: _____

Age: _____ Birth date: _____ Date of last physical examination: _____

What is your reason for visit: _____

Symptoms

Check (X) symptoms you currently have or have had in the past year.

GENERAL

- Chills
- Depression
- Dizziness
- Fainting
- Fever
- Forgetfulness
- Headache
- Loss of Sleep
- Loss of weight
- Nervousness
- Numbness
- Sweats

MUSCLE/JOINT/BONE

Pain, weakness, numbness in:

- Arms Hips
- Back Legs
- Feet Neck
- Hands Shoulders

GENITO-URINARY

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination

Conditions

- AIDS
- Alcoholism
- Anemia
- Anorexia
- Appendicitis
- Arthritis
- Asthma
- Bleeding Disorder
- Breast Lump
- Bronchitis
- Bulimia
- Cancer
- Cataracts

GASTROINTESTINAL

- Appetite poor
- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Excessive hunger
- Excessive thirst
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Rectal bleeding
- Stomach pain
- Vomiting
- Vomiting blood

CARDIOVASCULAR

- Chest Pain
- High Blood Pressure
- Irregular heart beat
- Low blood pressure
- Poor circulation
- Rapid heart Beat
- Swelling of Ankles
- Varicose veins

EYE, EAR, NOSE, THROAT

- Bleeding gums
- Blurred vision
- Cross eyed
- Difficulty swallowing
- Double vision
- Earache
- Ear discharge
- High Fever
- Hoarseness
- Loss of hearing
- Nosebleeds
- Persistent cough
- Ringing in ears
- Sinus Problems
- Vision-Flashes
- Vision-Halos

SKIN

- Bruise easily
- Hives
- Itching
- Change in moles
- Rash
- Scars
- Sore that won't heal

MEN ONLY

- Breast Lump
- Erection difficulties
- Lump in testicle
- Penis discharge
- Sore on Penis
- Other _____

WOMEN ONLY

- Abnormal Pap Smear
- Bleeding between Per.
- Extreme menstrual pain
- Hot Flashes
- Nipple discharge
- Painful Intercourse
- Vaginal discharge
- Other: _____

Date of last Menstrual Period: _____

Last Pap: _____

Mammogram: _____

Pregnant: (Y) (N)

No. of Children: _____

Check (X) the conditions you have or have had in the Past Year:

- Chemical Dependency
- Chicken Pox
- Diabetes
- Emphysema
- Epilepsy
- Glaucoma
- Goiter
- Gonorrhea
- Gout
- Heart Disease
- Hepatitis
- Hernia
- Herpes
- High Cholesterol
- HIV Positive
- Kidney Disease
- Liver Disease
- Measles
- Migraine Headaches
- Miscarriage
- Mononucleosis
- Multiple Sclerosis
- Mumps
- Pacemaker
- Pneumonia
- Polio
- Prostate Problem
- Psychiatric Care
- Rheumatic Fever
- Scarlet Fever
- Stroke
- Suicide Attempt
- Thyroid Problems
- Tonsillitis
- Tuberculosis
- Typhoid Fever
- Ulcers
- Vaginal Infections
- Venereal Disease

Medications

Allergies:
