

# MEDICAL HISTORY

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

LIST MAJOR MEDICAL PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL HISTORY:    CURRENT DOCTOR: \_\_\_\_\_

<u>CURRENT MEDICATIONS</u>	<u>PURPOSE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

HOSPITALIZATIONS:    (RECENT TO EARLIEST)

<u>HOSPITAL</u>	<u>DATE</u>	<u>REASON</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SURGERIES:    (RECENT TO EARLIEST)

	<u>DATE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**WORK HISTORY:** (RECENT TO EARLIEST)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT HISTORY:**

**OUTPATIENT COUNSELING-**

<u>AGENCY/DOCTOR</u>	<u>DATE</u>
1. _____	_____
2. _____	_____
3. _____	_____

**INPATIENT COUNSELING-**

<u>HOSPITAL</u>	<u>DATE</u>	<u>REASON</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**DESCRIBE A TYPICAL DAY IN LIFE NOW:** (TIME UP, ACTIVITIES, SOCIALIZING, HOUSE WORK, NAPS, BEDTIME)

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

**HOW MANY TIMES A WEEK DO YOU LEAVE THE HOUSE AND WHAT DO YOU DO WHILE OUT:** (E.G., SHOPPING, POST OFFICE, VISIT RELATIVES)

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

**WHAT CLUBS, ORGANIZATIONS OR CHURCH GROUPS DO YOU ATTEND AND HOW OFTEN?**

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

