

PATIENT MEDICAL HISTORY

DATE _____

NAME _____

WHO REFERRED YOU TO OUR OFFICE ? _____

WHY WERE YOU REFERRED? _____

SOCIAL HISTORY

AGE _____ SEX _____ MARITAL STATUS _____

EDUCATION _____

OCCUPATION _____ HOURS WORKED (SCHEDULE) _____

NUMBER OF CHILDREN _____ NUMBER OF PERSONS LIVING IN YOUR HOME _____

CIGARETTES SMOKED PER DAY _____ ALCOHOL CONSUMED _____

FAMILY HISTORY

FATHERS AGE _____ IF DECEASED, AGE AT DEATH AND CAUSE _____

MOTHERS AGE _____ IF DECEASED, AGE AT DEATH AND CAUSE _____

TOTAL NUMBER OF BROTHERS OR SISTERS YOU HAVE OR HAVE HAD _____

HAVE ANY BLOOD RELATIVES OF YOURS HAD THE FOLLOWING? (YES OR NO):

_____ HIGH BLOOD PRESSURE RELATIVE _____ AGE AT DX _____

_____ DIABETES RELATIVE _____ AGE AT DX _____

_____ HEART TROUBLE RELATIVE _____ AGE AT DX _____

_____ CANCER RELATIVE _____ AGE AT DX _____

OTHER: _____ RELATIVE _____ AGE AT DX _____

OTHER: _____ RELATIVE _____ AGE AT DX _____

OTHER: _____ RELATIVE _____ AGE AT DX _____

(PLEASE SEE 2ND PAGE)

PERSONAL HISTORY

1. HAVE YOU EVER BEEN TREATED FOR HIGH BLOOD PRESSURE? _____

IF SO, AT WHAT AGE? _____

2. HAVE YOU EVER BEEN TREATED FOR HEART TROUBLE? _____

IF SO, AT WHAT AGE? _____

WHAT KIND OF HEART TROUBLE?

3. HAVE YOU EVER BEEN TOLD YOU HAVE DIABETES? _____

IF SO, AT WHAT AGE? _____

FOR WOMEN: AT WHAT AGE DID YOUR MENSTRUAL PERIOD START? _____

IF THEY HAVE STOPPED, AT WHAT AGE DID THEY STOP? _____

WHAT OPERATIONS HAVE YOU HAD? (PLEASE LIST APPROXIMATE DATES)

WHAT SERIOUS ILLNESSES OR INJURIES HAVE YOU HAD? (PLEASE LIST DATE)

(PLEASE SEE 3RD PAGE)

MEDICATIONS: PLEASE LIST BELOW ALL MEDICATIONS THAT YOU ARE TAKING 1) NOW 2) WITHIN THE PAST 12 MONTHS. BE SURE TO INCLUDE BOTH PRESCRIPTION AND OVER-THE-COUNTER DRUGS AND INDICATE THE DOSAGE AND NUMBER OF TIMES PER DAY:

<u>NAME OF DRUG</u>	<u>DOSAGE</u>	<u>#OF TIMES PER DAY</u>
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NOW:

PAST 12 MONTHS

(PLEASE SEE 4TH PAGE)

DRUG ALLERGIES: PLEASE LIST ALL MEDICATIONS TO WHICH YOU ARE ALLERGIC AND THE KIND OF SYMPTOMS THAT YOU EXPERIENCE.

MEDICATION NAME

SYMPTOMS

REVIEWED IN THE OFFICE ON _____ BY _____