

# PATIENT HISTORY FORM



NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

WHAT IS THE MAJOR REASON FOR TODAY'S VISIT?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PAST HISTORY:** CIRCLE IF YOU HAVE HAD

**NEURO**

- HAY FEVER
- SINUSITIS
- GLAUCOMA
- NOSE BLEEDS

**CP**

- BRONCHITIS
- PNEUMONIA
- ASTHMA
- EMPHYSEMA
- RHEUMATIC FEVER
- HIGH BLOOD PRESSURE
- HEART DISEASE
- HEART MURMUR

**GI**

- ULCER/REFLUX
- INFLAMM. BOWEL DISEASE
- HEPATITIS
- CIRRHOSIS OF LIVER
- COLITIS / CROHN'S
- IRRITABLE BOWEL SYNDROME
- HEMORRHOIDS
- COLON POLYPS

**GU**

- BLADDER INFECTIONS
- KIDNEY DISEASE

**ENDO**

- DIABETES
- CORTISONE TREATMENT
- THYROID DISEASE

**HEMO-ONC**

- SCARLET FEVER
- INFECTIOUS MONO
- EXPOSURE TO TB
- CANCER \_\_\_\_\_
- ANEMIA
- BLEEDING TENDENCY
- SEXUALLY TRANSMITTED DISEASE

**MUSC**

- ARTHRITIS
- BACK TROUBLE

STROKE OR MINI STROKE

SEIZURES

**PSYCH**

DEPRESSION

**SKIN**

HIVES

**OTHER**

RADIATION THERAPY

MAJOR INJURY

**OPERATIONS**

JOINT SURG/REPLACEMENT

APPENDIX

GALLBLADDER

STOMACH

BREAST

UTERUS AND/OR OVARY

PROSTATE

HERNIA

THYROID

COLON SURGERY

HEART

OTHER

**ALLERGIES**

(ARE YOU ALLERGIC TO)

PENICILLIN

SULFA

OTHER DRUGS

LIST:

\_\_\_\_\_

\_\_\_\_\_

FOODS

COSMETICS

OTHER

**IMMUNIZATIONS**

HEPATITIS A

HEPATITIS B

TESTED FOR HIV

HAVE YOU EVER SNORTED OR INJECTED ILLICIT DRUGS

**FAMILY HISTORY:** HAS ANY BLOOD RELATIVE HAD ANY OF THE FOLLOWING? CIRCLE "YES" OR "NO". IF SO, WHAT RELATIONSHIP?

ANEMIA	YES	NO	_____
BLEEDING TENDENCY	YES	NO	_____
HEART DISEASE	YES	NO	_____
CHRONIC LUNG DISEASE	YES	NO	_____
TUBERCULOSIS	YES	NO	_____
ASTHMA	YES	NO	_____
MIGRAINE HEADACHES	YES	NO	_____
DIABETES	YES	NO	_____
OBESITY	YES	NO	_____
PEPTIC ULCER	YES	NO	_____
CHRONIC DIARRHEA	YES	NO	_____
COLON or GI CANCER	YES	NO	_____
	WHO?		_____
COLON OR GI CANCER	YES	NO	_____
HEMOCHROMATOSIS	YES	NO	_____
LIVER DIEASE	YES	NO	_____
CROHN'S DISEASE	YES	NO	_____
ULCERATIVE COLITIS	YES	NO	_____

MEDICATIONS TAKEN REGULARLY

REASON

LAST DOSE

MEDICATIONS TAKEN REGULARLY	REASON	LAST DOSE