

MEDICAL HISTORY

Name _____ Date _____

Describe your health: _____

Please list any specific questions or concerns you wish to address today: _____

Medical problems since your last visit? Hospitalizations? Operations? _____

Current Medications: _____ Medication Allergies: _____

Employment: _____

Recent foreign travel? Where? _____

Family history regarding:

Y N Breast Cancer?	Y N Skin Cancer?	Y N High blood pressure?
Y N Heart Disease or stroke?	Y N Colon Cancer?	

Have you had any of the following symptoms?

Y N Frequent or severe headaches?	Y N Unusually depressed?	Y N Lumps or growths?
Y N Eye trouble or vision loss?	Y N Slow or Frequent urination?	Y N Fainting spells?
Y N Hearing loss?	Y N Palpitations or pounding heart?	Y N Glaucoma?
Y N Ear, nose or throat trouble?	Y N Frequent indigestion or heartburn?	Y N Diarrhea?
Y N Sinus problems?	Y N Urine or bowel incontinence?	Y N Shortness of breath?
Y N Severe gum or tooth trouble?	Y N Venereal warts?	Y N Constipation?
Y N Hay fever or allergies?	Y N Painful urination?	Y N Chest pain?
Y N Skin problems or rashes?	Y N Blood in urine?	Y N Abdominal Pain?
Y N Swollen glands?	Y N Rectal bleeding?	Y N Jaundice?
Y N Exposure to tuberculosis?	Y N Joint pain?	Y N Nausea or vomiting?
Y N Persistent cough?	Y N Weight loss or gain?	Y N Fatigue?
Y N Breast discharge or lumps?	Y N Fevers?	Y N Unusually anxious?

Details for any positive answers: _____

For Women Only:

Date of last menses: _____

Y N Pelvic pain?
Y N Questions about birth control?
Y N Any recent changes in contraception?
Y N Abnormal vaginal bleeding?
Y N Menopausal symptoms?
Y N Hot flashes?
Y N Past abnormal pap?

Lifestyle Questions:

Y N Are you smoking? How much? _____
If quit, how long ago? _____

Y N Are you consuming alcoholic beverages?
How many per day? _____

Y N Do you exercise? If yes, describe: _____

Y N Do you wear seat belts?

Y N Are you exposed to any toxic materials?

Y N Venereal disease exposure?

Any other problems or issues you wish to cover in today's appointment? _____

If preventive care is not covered by your insurance, you may be responsible for that portion of the bill.

Signature _____

Thank you.