CONFIDENTIAL HEALTH HISTORY

The items below may relate to your current condition. In the space in front of each item, enter (√) if you currently have or ever HAD the problem.

GENERAL
- ❑ Fever
- ❑ Chills
- ❑ Night Sweats
- ❑ Loss of sleep
- ❑ Fatigue
- ❑ Nervousness
- ❑ Weight Loss or Gain
- ❑ Allergies
- ❑ Bleeding Problem
- ❑ Anemia
- ❑ Diabetes
- ❑ Cancer
- ❑ Thyroid Disease/Goiter
- ❑ Alcoholism
- ❑ Drug Abuse
- ❑ HIV positive

EYE EAR NOSE THROAT
- ❑ Poor Vision
- ❑ Pain in Eye(s)
- ❑ Deafness/Difficulty Hearing
- ❑ Nosebleeds
- ❑ Nose Problems
- ❑ Sinus Trouble
- ❑ Dental Problems
- ❑ Hoarseness
- ❑ Tonsillectomy

GASTROINTESTINAL
- ❑ Poor Appetite
- ❑ Poor Digestion
- ❑ Difficulty Swallowing
- ❑ Belching or Gas
- ❑ Frequent Nausea
- ❑ Vomiting
- ❑ Vomiting Blood
- ❑ Pain over Abdomen
- ❑ Ulcer
- ❑ Black or Bloody Stools
- ❑ Liver Problems
- ❑ Gall Bladder Problems
- ❑ Jaundice
- ❑ Hernia
- ❑ Diarrhea
- ❑ Constipation
- ❑ Hemorrhoids
- ❑ Appendicitis

WOMEN ONLY
- ❑ Live births
- ❑ Miscarriage
- ❑ Painful Periods
- ❑ Excessive Flow
- ❑ Irregular Cycles
- ❑ Vaginal Burning/Itching
- ❑ Hot Flashes

Date of Last Period Began

____

Date of Last PAP Test

____

Date of Last Mammogram

____

RESPIRATORY
- ❑ Difficult Breathing
- ❑ Chronic Cough
- ❑ Spitting Phlegm
- ❑ Spitting Blood
- ❑ Asthma/Wheezing
- ❑ Pneumonia
- ❑ Tuberculosis

CARDIOVASCULAR
- ❑ Irregular Heartbeat
- ❑ High blood pressure
- ❑ Pain over Heart
- ❑ Previous Heart Trouble
- ❑ Ankle Swelling
- ❑ Varicose Veins
- ❑ Rheumatic Fever
- ❑ Stroke

GENITOURINARY
- ❑ Frequent Urination
- ❑ Painful Urination
- ❑ Blood in Urine
- ❑ Kidney Disease
- ❑ Urinary Infection
- ❑ Inability to Control Urination
- ❑ Difficulty Starting Urine Flow
- ❑ Get up __times a night to urinate
- ❑ Breast Lump or Pain
- ❑ Venereal Infection
- ❑ Sexual Difficulties

SKIN
- ❑ Itching
- ❑ Bruising easily
- ❑ Change in Mole(s)
- ❑ Dryness/Wetness
- ❑ Change in color
- ❑ Skin Cancer

NEUROLOGIC
- ❑ Weakness
- ❑ Twitching
- ❑ Tremors
- ❑ Headache
- ❑ Fainting
- ❑ Dizziness
- ❑ Convulsions
- ❑ Epilepsy
- ❑ Numbness/Tingling
- ❑ Arm/Leg Pain
- ❑ Mental Disorder

MEN ONLY
- ❑ Testicular Swelling/Pain
- ❑ Prostate Problems

MUSCULOSKELETAL
- ❑ Neck Stiffness/Pain
- ❑ Pain between Shoulders
- ❑ Low Back Pain
- ❑ Swollen Joints
- ❑ Painful Joints
- ❑ Muscle Aches/Soreness
- ❑ Spinal Curvature
- ❑ Arthritis

CHILDHOOD DISEASES
- ❑ Mumps
- ❑ Measles
- ❑ Chickenpox

HOSPITALIZATIONS
- ❑ List dates and reasons:

SURGERIES
- ❑ List dates and reasons

MEDICATIONS
- ❑ Prescription

____

- ❑ Non-prescription

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HABITS
- ❑ Smoking___packs/day
- ❑ Drinking
- ❑ Recreational Drug Use

EXERCISE
- ❑ None
- ❑ 1-2 times/week
- ❑ 3-5 times/week
- ❑ 6-7 times/week

FAMILY HISTORY
- ❑ Diabetes
- ❑ Thyroid Disease/Goiter
- ❑ Tuberculosis
- ❑ Kidney Disease
- ❑ High Blood Pressure
- ❑ Heart Disease
- ❑ Cancer
- ❑ Muscle, Bone or Nerve Disease
- ❑ Other

ACCIDENTS/TRAUMA
- ❑ Motor vehicle accidents
- ❑ Other trauma/accidents

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Patient Name