

Patient's Name: _____

Patient's Date of Birth _____

FAMILY HISTORY

PLEASE COMPLETE INFORMATION ABOUT YOUR FAMILY HISTORY:

Indicate if relative is living or deceased, if deceased list medical reason for cause of death.

Check box		Father Living/Deceased	Mother Living/Deceased	Brother Living/Deceased	Brother Living/Deceased	Sister Living/Deceased	Sister Living/Deceased
	DIABETES						
	HIGH BLOOD PRESSURE						
	HEART DISEASE						
	HEART ATTACK						
	STROKE						
	COLON CANCER						
	BREAST CANCER						
	SKIN CANCER						
	FEMALE CANCER						
	PROSTATE CANCER						
	RHEUMATOID ARTHRITIS						
	KIDNEY DISEASE						
	TUBERCULOSIS						

Check box		PATERNAL GRANDFATHER <small>Patient's father's father</small>	PATERNAL GRANDMOTHER <small>Patinet's mother's mother</small>	MATERNAL GRANDFATHER	MATERNAL GRANDMOTHER
	DIABETES				
	HIGH BLOOD PRESSURE				
	HEART DISEASE				
	HEART ATTACK				
	STROKE				
	COLON CANCER				
	BREAST CANCER				
	SKIN CANCER				
	FEMALE CANCER				
	PROSTATE CANCER				
	RHEUMATOID ARTHRITIS				
	KIDNEY DISEASE				
	TUBERCULOSIS				

HOSPITALIZATIONS		LIST ANY FRACTURED BONES		
Year	Reason for Hospitalization	Year		

LIST ALL ALLERGIES		TOBACCO USAGE		ALCOHOL USAGE	
		Cigarettes		Beers per day	
		How many per day?		Drinks per day	
		How long have you smoked		Glasses of wine per day	
		Used to smoke, year stopped			
		Snuff			

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PATIENT'S OPERATIONS AND SURGERY HISTORY

We are required to document in your medical records previous operations and surgical procedures. Please indicate any procedures you have had, also listing the approximate date of each procedure.

Year	Year	Year	
ADENOIDS REMOVED	D & C	MASTECTOMY LEFT BOTH RIGHT	
ANEURYSM REPAIR	DEFIBRILLATOR	MELANOMA REMOVED	
APPENDIX (APPEENDECTOMY)	EAR SURGERY	NOSE SURGERY	
BACK SURGERY	EAR TUBES	OVARY REMOVED LEFT BOTH RIGHT	
BIOPSY	EYELID SURGERY	PACEMAKER	
BLADDER SURGERY	FIBROID TUMORS	PLASTIC SURGERY	
BREAST LUMP OR MASS RIGHT LEFT BOTH NEEDLE BIOPSY EXCISIONAL BIOPSY	GREENFIELD FILTER PLACEMENT	PROSTATE SURGERY	
BROKEN BONE REPAIR	HEART VALVE SURGERY MITRAL AORITIC	SHUNT	
CARDIAC CATHETERIZATION	HEMORRHOID SURGERY	SINUS SURGERY	
CARDIAC CATH WITH STENT PLACEMENT	HIP REPLACEMENT RIGHT LEFT	SKIN CANCER	
CAROTID ARTERY REPAIR STENT ENDARTERECTOMY	HYSTERECTOMY VAGINAL OPEN ABDOMINAL	STENTS	
CATARACT SURGERY RIGHT LEFT BOTH	INGUINAL HERNIA REPAIR RIGHT LEFT	TUBES TIED	
CERVICAL SPINE (NECK) CESAREAN SECTION DELIVERY CESAREAN SECTION DELIVERY	INTESTINAL SURGERY	THYROID SURGERY	
DENTAL SURGERY	KIDNEY SURGERY	TONSILS REMOVED	
GALL BLADDER (CHOLECYSTECTOMY)	KIDNEY STONE SURGERY	TUBAL PREGNANCY	
COCHLEAR IMPLANT	KIDNEY TRANSPLANT	UMBILICAL HERNIA REPAIR	
CORONARY ARTERY BYPASS 1 2 3 4 5 6 BYPASSES	KNEE RIGHT LEFT BY SCOPE OPEN PROCEDURE	VARICOSE VEIN SURGERY	
CYST REMOVAL	KNEE JOINT REPLACEMENT RIGHT LEFT	VASCULAR SURGERY LEGS	
	LUNG SURGERY	VASECTOMY	

PATIENT'S HEALTH HISTORY

Check conditions that you currently have, or have had in the past.

ABNORMAL PAP SMEAR	CONGESTIVE HEART FAILURE	HERPES	PAINFUL URINATION	VARICOSE VEINS
AIDS	CONSTIPATION	HIGH BLOOD PRESSURE	PENIS DISCHARGE	VENEREAL DISEASE
ALCOHOL RELATED PROBLEMS	DIABETES	HIGH CHOLESTEROL	PERSISTENT COUGH	VOMITING
ANGINA	DIARRHEA	HIV POSITIVE	PNEUMONIA	VOMITING BLOOD
ANEMIA	DIFFICULTY SWALLOWING	HIVES	POLIO	WARTS
ANKLE SWELLING	DIZZINESS	HOARSENESS	POOR APPETITE	WEIGHT GAIN
ANOREXIA	EARACHE	HOT FLASHES	PROSTATE PROBLEMS	WEIGHT LOSS
ARTHRITIS	EMPHYSEMA	HUMAN PAPILLOMA VIRUS (HPV)	PSYCHIATRIC CARE	
BAD TEETH	EPILEPSY	IRREGULAR HEART BEAT	RECTAL BLEEDING	
BLADDER CONTROL PROBLEMS	ERECTION PROBLEMS	INDIGESTION	RHEUMATIC FEVER	
BLEEDING BETWEEN PERIODS	EXCESS GAS	IRREGULAR HEART BEAT	RINGING IN EARS	
BLEEDING DISORDERS	EXCESSIVE THIRST	ITCHING	SCARLET FEVER	
BLEEDING GUMS	FAST HEART BEAT	JAUNDICE	SEXUALLY TRANSMITTED DISEASE	
BLOOD IN STOOL	FORGETFULNESS	KIDNEY DISEASE	SINUS PROBLEMS	
BLOOD IN URINE	FREQUENT URINATION	KIDNEY INFECTIONS	SKIN LESIONS	
BLURRED VISION	GLAUCOMA	LIVER DISEASE	SKIN RASH	
BOWEL CHANGES	GOITER	MENSTRUAL PROBLEMS	SLEEP PROBLEMS	
BOWEL CONTROL PROBLEMS	GONORRHEA	MIGRAINE HEADACHS	STOMACH ULCERS	
BREAST LUMP	GOUT	MISCARRIAGE	STROKE	
BRONCHITIS	HAY FEVER	MONONUCLEOSIS	SUICIDE ATTEMPTS	
CANCER	HEADACHES	MULTIPLE SCLEROSIS	TESTICLE PAIN OR LUMP	
CARDIOMYOPATHY	HEARING LOSS	MUMPS	THYROID PROBLEMS	
CATARACT	HEART DISEASE	MURMUR	TONSILLITIS	
CHANGE IN MOLES	HEART ATTACK	NAUSEA	TUBERCULOSIS	
CHEMICAL DEPENDENCY	HEMORRHOIDS	NIPPLE DISCHARGE	TYPHOID FEVER	
CHEST PAIN	HEPATITIS	NOSEBLEEDS	VAGINAL DISCHARGE	
CHLAMYDIA	HERNIA	PACEMAKER	VAGINAL PAIN	