MEDICAL HISTORY

DATE _____

NAME _____ AGE _____ PHONE _____

HEIGHT _____ WEIGHT _____

PAST ILLNESSES: Have you ever had:

(Please **circle** your answer.)

Diabetes	No	Yes
High Blood Pressure	No	Yes
Heart disease or heart attack	No	Yes
Stroke	No	Yes
High Cholesterol	No	Yes
Convulsions or seizures	No	Yes
Peptic ulcers (stomach or duodenal)	No	Yes
Hepatitis ....(A, B, or C)	No	Yes
Cancer	No	Yes
Emphysema or chronic lung disease	No	Yes
Tuberculosis	No	Yes
HIV / AIDS	No	Yes
Congenital Abnormalities	No	Yes
Other serious illnesses or conditions	No	Yes

OPERATIONS: Have you had any surgery? No Yes

If yes, please list: _____

_____

_____

_____

Please list ALL MEDICINES you take:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

ALLERGIES: Have you ever had a rash, itching, swelling, or other bad reaction to any of the following?

Penicillin	No	Yes
Sulfa	No	Yes
Other antibiotics	No	Yes
Novocain or other anesthetics	No	Yes
Morphine, codeine, or other narcotics	No	Yes
Iodine or X-Ray dye	No	Yes
Aspirin	No	Yes
Anti-inflammatory medicines	No	Yes
Tetanus antitoxin	No	Yes
Any other drug or medicine	No	Yes

If so, what drug or medicine?

FAMILY HISTORY: Number of children: _____

Has any blood relative ever had:

Stroke	No	Yes
Convulsions or seizures	No	Yes
Migraine or recurrent headaches	No	Yes
Cancer	No	Yes
Diabetes	No	Yes
Heart disease	No	Yes
High Blood Pressure	No	Yes
Bleeding tendency	No	Yes
Arthritis	No	Yes

SOCIAL HISTORY: (Please **circle** your answer)

Marital Status: Single Married Separated Divorced Widowed

Are you living alone?	No	Yes
With husband or wife?	No	Yes
With other Family?	No	Yes
With other Caregiver?	No	Yes

Alcohol: Do you drink alcoholic beverages?

Never Rarely Moderately Daily

Tobacco: Do you smoke? ..... No Yes

If yes, how much? _____ packs per day.

If no, have you ever been a smoker? ... No Yes

If yes, when did you quit? _____

Employment: **(Circle one)**

Full time Part time Retired Disabled Unemployed

What is (was) your job? _____

Education: Grade School High School College Post Graduate

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Please be sure to fill out both sides.