MEDICAL HISTORY FORM

me:		Todays Date:		
thday:	Physician:			
EDICATIONS list any medicines that you	currently take regul	larly (including nonprescription, herbal		
<u>Medication</u>	Dose	<u>Times Per 1</u>		
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LLERGIES OR REAC	CTIONS TO ME	EDICINES/FOODS/OTHER AC		
Medicine/Food/Oth	er Avent	Reaction of Side Effect		
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IRGICAL HISTORY ist all surgeries, date of surgery, p	erforming surgeon.			
<u>Operation</u>	<u>Date</u>	Surgeon		
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> PERSONAL MEDICAL HISTORY

Please indicate whether you have had any of the following medical conditions with approximate date of illness or diagnosis.

Condition	Date of Illness or Diagnosis	<u>Condition</u>	<u>Date of Illness or</u> <u>Diagnosis</u>
Congenital Heart Disease	To report the second se	Emphysema	
*Specify Type	- dynamicka Arbeiten Arabana ana ana ana Arbana ana ka Arbeiten (1900) (1900) (1900) (1900) (1900) (1900) (1900)	Ulcers	and the control of th
Heart Attack		Coagulation: (bleeding/clotting) disorder, blood clots	Ballings you to be the first than the same services recovered out of the same through the same transfer and the same transfer.
High Blood Pressure	A Martines (Agles of A company) and the Tell Art of the state of the Agle Agle Agle Agle Agle Agle Agle Agl	Cancer	gamman (V had de la region d'un annon armone s'e subject e se gameno deprinde e se gir e s'e s'e se demons e e
Congestive Heart Failure	gap (see a se 	*Specify Type	
High Cholesterol	THE PROPERTY OF THE PROPERTY O	Alcoholism	
Diabetes	ME AMERICAN POR MAY CHECK A LIGHT TOP TO A COMMISSION OF THE COMMI	Arthritis	
Stroke	ng mananananananan vir ann ann dan 40 kilolol (na baharanan Amerikan vir ann ann ann an - ann ann an Arthur a	Seizures	
Kidney Disease	An advanced to recommend to the state of the	Montal Illness	Maria Maria
Thyroid problems	a may a summand de	Other	-

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Please list the approximate date and reason for each hospitalization.

	The state of the s
Date	Reason for Hospitalization
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> GYNECOLOGICAL HISTORY (WOMEN ONLY)

When was your last menstrual period?
At what age did you start having periods?
Do you have any concerns about your periods?
How many children do you have?
When was your last pap smear?
When was your last mammogram?
Have you ever had an abnormal pap smear?
Have you ever had an abnormal mammogram?

> FAMILY HSTORY

Please indicate the family member(s), (parents, grandparents, siblings, aunts, uncles), if any, affected by the following medical conditions.

Relative	Condition	Relative
	Emphysema	\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
AVACAN MARKET AND MARK	Ulcers	
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Paydomining times transmission for given to be 1990 at the 1990 to believe to paydomine at a significance.	Cancer	
500,000,000,000,000,000,000,000,000,000	*Specify Type	777
	Alcoholism	
un de de la companya de deservare es communicación de la corde deser l'Artiglia Majoria de la communicación de	Arthritis	
	Seizures	The state of the s
aan dan 1866 siran ah dan dan dan 1866 silan kan dan kan dan dan dan 1865 siran 1865 siran 1865 silan dan 1865	Mental Illness	A final and a second control of the defendance for second control control of the defended of the defended of the defendance of the defenda
ggy vyg y gyf (y fa', A maera na, lig A v fransor or me'r vyr ofdioldod, air (MA-1984) (o 1989)	Other	S CONTINUED ON THE CONTINUED ON THE PROPERTY OF THE STREET
	Relative	Emphysema Ulcers Coagulation: (bleeding/clotting) disorder, blood clots Cancer *Specify Type Alcoholism Arthritis Seizures Mental Illness

> SOCIAL HISTORY-SUBSTANCES

Tobacco Use	
Cigarettes: Quit: Date	
Never Smoked	
Current Smoker: packs/day# of years	
Other Tobacco (current & in past) Pipe Cigar Snuff Che	V
□ Current □ Quit □ Never	
<u>Drug Use</u>	
Do you use any recreational drugs (marijuana, cocaine, meth, ect)? □ No □ Yes	
Have you ever used recreational drugs in the past? □ No □ Yes	
SOCIOECONOMICS	
Occupation:	
Education Completed: Grade School College	
☐ High School ☐ Graduate School	
Marital Status: □Single □ Married □ Separated □ Divorced □ Widowed □ Co-habiting □ Engaged	
Spouse/Partner's Name:	
Number of children:	
Who lives at home with you?	

Do you have any communication concerns? If so, please explain	□ Yes □ No
> SAFTY	
Do you use a seatbelt?	□ Yes □ No
Do you use a bike helmet regularly?	□ Yes □ No □ NA
Is violence at home a concern?	□ Yes □ No
Do you feel safe in your current relationship?	□ Yes □ No □ NA
Do you have a gun in your home?	□ Yes □ No
Do you have a living will?	□ Yes □ No
Do you have a Healthcare Power of Attorney	□ Yes □ No
Do you have any communication concerns?	□ Yes □ No
If so, please explain	
> SEXUALITY	
Are you sexuality active?	□ Yes □ No
Birth control method:	
If sexuality active, do you practice safe sex?	□ Yes □ No □ NA
Have you ever had a sexually transmitted diseas	
	10 (O) 15 O) O X OO
> HEALTH MAINTENCE Please indicate when, if ever, you last had the following. Date	•
Cholesterol Check	·······
Colonoscopy	vocamer t
Prostate Exam (Men Only)	ng alaka
Bone Density Study	
Eye Exam (if diabetic)	nakabi
Foot Exam (if diabetic)	. appror
> IMMUNIZATIONS Please indicate your most recent immunizations, Include your best	estimate of the month and year for each.
Hepatitis A Pneumonia (Pneumova	X) ************************************
Hepatitis B Shingles (Zostavax)	more than the first the state of the state o
Tetamus Other	V. 3. 44