AUSTIN PRIMARY CARE PHYSICIANS

HEALTH HISTORY FORM

Name:____ **Sex** ☐Male ☐Female
Date of Birth__________________ **Number of Children**____________
Best Phone # to reach you to discuss results_______________________
Local Pharmacy____
Mail order Pharmacy____
Occupation____

Do you drink Alcohol? ☐Yes ☐No
Do you smoke? ☐Yes ☐No
Do you use illegal Drugs? ☐Yes ☐No

Exercise Level None Occasional Moderate Heavy
Diet Regular Gluten Fee Diabetic

PAST MEDICAL HISTORY

Have you ever had any of the following conditions?

Condition		
Anxiety	☐Yes	☐No
Arthritis	☐Yes	☐No
Asthma	☐Yes	☐No
Atrial Fibrillation	☐Yes	☐No
(BPH)Enlarged Prostate	☐Yes	☐No
Bone Marrow Transplant	☐Yes	☐No
Breast Cancer	☐Yes	☐No
Colon Cancer	☐Yes	☐No
COPD	☐Yes	☐No
Depression	☐Yes	☐No
Diabetes	☐Yes	☐No
Hearing Loss	☐Yes	☐No
Hepatitis	☐Yes	☐No
High Blood Pressure	☐Yes	☐No
HIV/AIDS	☐Yes	☐No
High Cholesterol	☐Yes	☐No
Hyperthyroidism	☐Yes	☐No
Hypothyroidism	☐Yes	☐No
Leukemia	☐Yes	☐No
Lung Cancer	☐Yes	☐No
Lymphoma/Leukemia	☐Yes	☐No
Pacemaker/Defibrillator	☐Yes	☐No
Prostate Cancer	☐Yes	☐No
Seasonal Allergies	☐Yes	☐No
Seizures	☐Yes	☐No
Stroke	☐Yes	☐No

Other ____________________________
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REVIEW OF SYMPTOMS

Are you currently experiencing any of the following?

Symptom		
Seasonal Allergies	☐Yes	☐No
Runny Nose/Itchy Eyes	☐Yes	☐No
Palpitations/Chest Pain	☐Yes	☐No
Leg Swelling	☐Yes	☐No
Fever/Chills	☐Yes	☐No
Unplanned Weight Loss	☐Yes	☐No
Cold/Heat Intolerance	☐Yes	☐No
Excessive Thirst/Hunger	☐Yes	☐No
Swallowing Problems	☐Yes	☐No
Nausea/Vomiting	☐Yes	☐No
Diarrhea/Constipation	☐Yes	☐No
Burning w/Urination	☐Yes	☐No
Blood in Urine	☐Yes	☐No
Enlarged Glands	☐Yes	☐No
Joint Pain	☐Yes	☐No
Muscle Aches	☐Yes	☐No
Headaches	☐Yes	☐No
Memory Loss	☐Yes	☐No
Depression	☐Yes	☐No
Anxiety	☐Yes	☐No
Wheezing/Asthma	☐Yes	☐No
Shortness of Breath	☐Yes	☐No
Problems Healing	☐Yes	☐No

Other__________________________
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Surgical History

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Family History

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Medications (Use back if needed)

Please list all current medications including over the counter

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ALLERGIES

Please list all allergies & reactions to Medications, food, etc.

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