

**Patient Health History** **Print Name & Birthday** \_\_\_\_\_

**History- Circle Yes or No for the following:**

|                      |     |    |               |     |    |                          |     |    |
|----------------------|-----|----|---------------|-----|----|--------------------------|-----|----|
| Allergies            | Yes | No | Headaches     | Yes | No | Malignant hyperthermia   | Yes | No |
| Arthritis            | Yes | No | Hearing loss  | Yes | No | MRSA                     | Yes | No |
| Asthma               | Yes | No | Heart disease | Yes | No | Otitis media             | Yes | No |
| Cancer               | Yes | No | Hepatitis     | Yes | No | Rashes/skin problem      | Yes | No |
| Chronic lung disease | Yes | No | HIV/AIDS      | Yes | No | Seizures                 | Yes | No |
| Clotting disorder    | Yes | No | Hypertension  | Yes | No | Strep throat (recurrent) | Yes | No |
| Diabetes             | Yes | No |               |     |    |                          |     |    |

**Surgical History- Circle Yes or No for the following:**

|                |     |    |                   |     |    |               |     |    |
|----------------|-----|----|-------------------|-----|----|---------------|-----|----|
| Adenoidectomy  | Yes | No | Cholecystectomy   | Yes | No | Hysterectomy  | Yes | No |
| Airway surgery | Yes | No | Colonoscopy       | Yes | No | Sinus surgery | Yes | No |
| Appendectomy   | Yes | No | Ear tubes         | Yes | No | Tonsillectomy | Yes | No |
| Bronchoscopy   | Yes | No | Esophagus surgery | Yes | No |               |     |    |

Additional surgeries:

**Family History- Place check mark for any of the following:**

| Relat. | Name | Status: A= Alive<br>D= Deceased | No Known Problem | Cancer | Diabetes | Heart Failure | Hypertension | Asthma | Hyperlipidemia | Rheum. arthritis | Osteoarthritis | Stroke | Thyroid disease | Seizures | Migraines | Rashes/Skin problem | Heart disease |
|--------|------|---------------------------------|------------------|--------|----------|---------------|--------------|--------|----------------|------------------|----------------|--------|-----------------|----------|-----------|---------------------|---------------|
|--------|------|---------------------------------|------------------|--------|----------|---------------|--------------|--------|----------------|------------------|----------------|--------|-----------------|----------|-----------|---------------------|---------------|

|             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Mother      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Father      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sister      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brother     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maternal GM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maternal GF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paternal GM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paternal GF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**See back page to complete.**

**Social History- Alcohol**

**Circle the following:**

|     |               |       |
|-----|---------------|-------|
| Yes | Not Currently | Never |
|-----|---------------|-------|

**How often do you drink containing alcohol? Circle one below**

|       |                 |                   |                  |                        |                 |
|-------|-----------------|-------------------|------------------|------------------------|-----------------|
| Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week | Patient refused |
|-------|-----------------|-------------------|------------------|------------------------|-----------------|

**How many drinks containing alcohol do you have on a typical day when you are drinking? Circle one below**

|        |        |        |        |            |                 |
|--------|--------|--------|--------|------------|-----------------|
| 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | Patient refused |
|--------|--------|--------|--------|------------|-----------------|

**How often do you have six or more drinks on one occasion? Circle one below**

|       |                   |         |        |                       |                 |
|-------|-------------------|---------|--------|-----------------------|-----------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Patient refused |
|-------|-------------------|---------|--------|-----------------------|-----------------|

**Drinks/Week**

|  |                               |
|--|-------------------------------|
|  | Glasses of wine               |
|  | Cans of beer                  |
|  | Shots of liquor               |
|  | Standard drinks or equivalent |

**Tobacco Use- Circle the following:**

|                          |                         |                                     |                                |                        |
|--------------------------|-------------------------|-------------------------------------|--------------------------------|------------------------|
| Current every day smoker | Current some day smoker | Former smoker                       | Heavy tobacco smoker           | Light tobacco smoker   |
| Never assessed           | Never smoker            | Passive smoke exposure-never smoker | Smoker, current status unknown | Unknown if ever smoked |

**Packs/day**

|     |    |   |     |   |   |
|-----|----|---|-----|---|---|
| .25 | .5 | 1 | 1.5 | 2 | 3 |
|-----|----|---|-----|---|---|

**Years**

|    |   |   |   |   |   |    |
|----|---|---|---|---|---|----|
| .5 | 1 | 2 | 3 | 4 | 5 | 10 |
|----|---|---|---|---|---|----|

**Smokeless Tobacco- circle the following:**

|              |             |            |         |
|--------------|-------------|------------|---------|
| Current user | Former user | Never used | Unknown |
|--------------|-------------|------------|---------|

**Demographics**

**Marital Status -Circle one below**

|        |         |                   |          |         |         |                   |       |
|--------|---------|-------------------|----------|---------|---------|-------------------|-------|
| Single | Married | Legally Separated | Divorced | Widowed | Unknown | Significant other | Other |
|--------|---------|-------------------|----------|---------|---------|-------------------|-------|

Primary Language