

MEDICAL HISTORY

Patient Name: _____ Age: _____ Date: _____

Please circle any that apply.

IDENTIFY THE MAIN REASON FOR THE VISIT

EXAMPLES: Abnormal Labs, Abnormal X-Ray, Check-Up, Drug Monitoring/Therapeutic Monitoring, Follow-Up of Previously Identified Problems, General Follow-Up,

Digestive Symptoms – (Abdominal Pain, Acidic Stomach, Altered Bowl Habits, Bloating/Gas, Constipation, Dark Urine, Diarrhea, Difficulty Swallowing, Feeding Difficulties,

Food Intolerance, Heartburn, “Indigestion”, Irregular Bowl Movements, Lack of Appetite,

Nausea/ Vomiting, Need for Laxatives, Rectal Bleeding, Weight Loss/Weight Gain)

Non-Digestive Symptoms – (Back Pain, Chest Pain, Extremity and Joint Pain, Headache, Influenza, Respiratory Symptoms, Other)

Comments:

ANY ALLERGIES OR SIDE-EFFECTS OF MEDICATIONS OR ANESTHESIA?

Latex Allergy: YES / NO

Aspirin Use: YES / NO

PAST MEDICAL HISTORY: - Acid Reflux, Asthma, Bleeding Problems, Blood Transfusions, Cancer, Convulsions, Crohns/ Colitis, Depression, Diverticulitis, Diabetes Mellitus, Epilepsy, Gout, High Blood Pressure, Heart Attack, Heart Disease, Hemorrhoids, Hepatitis, IBS, Jaundice, Kidney Stones, Kidney/Bladder Infections, Liver Disease, Nervous Breakdown-Requiring Formal Psychiatric Evaluation, Peptic Ulcer Disease, Seizure Disorder, Sleep Disorder/ Apnea, Stroke, Thyroid disease, TB,

Comments:

PAST SURGICAL HISTORY: – Abdominal, Appendix, Breast, Cancer, Cosmetic, Foot, Gallbladder, Heart, Hemorrhoids, Hernia, Hysterectomy, Polyp Removal, Removal of Ovaries, Skin, Tonsillectomy, Ulcer, Varicose Veins, **GI:** Capsule Endoscopy, Colonoscopy, Endoscopy, Endoscopic Ultrasound, ERCP, Liver Biopsy, Other:

FAMILY HISTORY: - Cancer, Diabetes, Heart Disease, High Blood Pressure, Ulcer

SOCIAL HISTORY: – Single, Married, Widowed, Divorced **Number of Children:** ____

Smoking History: Y. N. # of Yrs? ____ Per Day? ____ Alcohol Consumption: Y. N. ____ day, wk, mo

of Yrs? ____ Recreational Drug Use: Y.N. Coffee/Tea: Y. N ____ day, wk, mo, yr

<p>General Tire Easily/Weakness Night Sweats Persistent Fever</p> <p>Skin Eruptions (Rash) Change in Color Change in Hair Change in Nail</p>	<p>Eyes Trouble Seeing Eye Pain Inflamed Eyes Double Vision</p> <p>Ears Loss of Hearing Ringing in the Ears Discharge</p>	<p>Nose Loss of Smell Frequent Colds Obstruction Excess Discharge Nosebleeds</p> <p>Mouth Sore Gums Soreness of Tongue Dental Problems</p>	<p>Throat Postnasal Drainage Soreness Hoarseness</p> <p>Breasts Lumps Discharge</p>
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Obtained by: _____ Reviewed by Physician: _____

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PLEASE CIRCLE ANY THAT APPLY

<p><u>Cardio Respiratory Systems</u></p> <ul style="list-style-type: none">• Cough Persisting• Sputum (Phlegm)• Bloody Sputum• Wheezing• Chest Pain or Discomfort• Pain on Breathing• Shortness of Breath• Difficulty Breathing While Lying Down• Swelling of Ankles• Bluish Fingers or Lips• High Blood Pressure• Palpitations	<p><u>Locomotor</u></p> <ul style="list-style-type: none">• Muscle Cramps• Muscle Weakness• Pain in Joints• Swollen Joints• Stiffness• Deformity of Joints
<p><u>Gentourinary System</u></p> <ul style="list-style-type: none">• Increase in Frequency of Urination Day/Night• Feel Need to Urinate Without Much Urine• Unable to Hold Urine• Pain or Burning• Blood in Urine• Impotence• Lack of Sex Drive• Pain with Intercourse	<p><u>Nervous System</u></p> <ul style="list-style-type: none">• Anxiety• Headaches• Dizziness• Fainting• Convulsions or Seizures• Nervousness• Sleeplessness• Depression• Change in Sensation• Memory Loss• Poor Coordination• Weakness or Paralysis
<p><u>Endocrine</u></p> <ul style="list-style-type: none">• Thyroid Trouble• Adrenal Trouble• Cortisone Treatment• Diabetes	