

Name: _____ Age: _____ Marital Status: M S W D
 Date of Birth: _____
 Problem or Present Illness: _____

Past Medical History: (Check Items You Have or Have Had)

<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> ANEMIA <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> ASTHMA <input type="checkbox"/> CANCER <input type="checkbox"/> COLITIS <input type="checkbox"/> COLON POLYPS <input type="checkbox"/> CORONARY ARTERY DISEASE <input type="checkbox"/> DEPRESSION <input type="checkbox"/> DIABETES MELLITUS, TYPE I <input type="checkbox"/> DIABETES MELLITUS, TYPE II <input type="checkbox"/> EMPHYSEMA <input type="checkbox"/> EPILEPSY <input type="checkbox"/> ESSENTIAL HYPERTENSION <input type="checkbox"/> GALLSTONES (cholecystitis) <input type="checkbox"/> GLAUCOMA <input type="checkbox"/> GERD <input type="checkbox"/> HEARING LOSS	<input type="checkbox"/> HEART ATTACK (acute myocardial infarction) <input type="checkbox"/> HEMORRHOIDS <input type="checkbox"/> HEPATITIS <input type="checkbox"/> HIGH BLOOD PRESSURE (hypertension) <input type="checkbox"/> HIGH CHOLESTEROL <input type="checkbox"/> IRREGULAR HEART BEAT (palpitations) <input type="checkbox"/> JAUNDICE <input type="checkbox"/> KIDNEY STONES (urinary calculus) <input type="checkbox"/> MITRAL VALVE DISORDER <input type="checkbox"/> NERVOUS BREAKDOWN <input type="checkbox"/> PNEUMONIA <input type="checkbox"/> RHEUMATIC FEVER <input type="checkbox"/> SEIZURES <input type="checkbox"/> STOMACH ULCER <input type="checkbox"/> THYROID DISORDER <input type="checkbox"/> TUBERCULOSIS OTHER: _____
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Past Surgical History:

HOSPITAL: _____	DATE: _____
HOSPITAL: _____	DATE: _____
HOSPITAL: _____	DATE: _____
HOSPITAL: _____	DATE: _____
SURGERIES: _____	DATE: _____
SURGERIES: _____	DATE: _____
SURGERIES: _____	DATE: _____
SURGERIES: _____	DATE: _____

Medication List:

Allergy List:

ENVIRONMENTAL: _____
 FOOD: _____
 MEDICATIONS: _____

Family Medical History: (Please Specify on Grandparents if Paternal or Maternal)

BROTHERS DECEASED	AGE: _____ REASON: _____
BROTHERS LIVING	_____
CHILDREN DECEASED	AGE: _____ REASON: _____
CHILDREN LIVING	_____
FATHER DECEASED	AGE: _____ REASON: _____
FATHER LIVING	_____

