

Today's Date Updated Dates					

## PATIENT MEDICAL HISTORY

Name:	ne: Birthdate:					
1 (ame:	Last	First	Middle	Dir til	(Mon	th/Day/Year)
☐ Head Injury ☐ Headache ☐ Epilepsy (sei ☐ Bipolar/Othe ☐ Anxiety ☐ Depression ☐ Substance/Pr	zure) or Mental Illo	ness □Asthma □Hay Fever	□Thyroid Dis □Heart Disea □High Blood □Lung Diseas □Pneumonia □Stomach Ule □Sexually Tra	ease se Pressure se cers ansmitted Di	□Liver Disease □Kidney Diseas □Anemia □Diabetes □Broken Bones □Skin Trouble/I	e □High Cholesterol
		SURGERIES	S AND HOSPITA	LIZATION	S	
Year 1 2 3 4		reason for hospitalizatio	_ 5 _ 6 _ 7	Year		ason for hospitalization
			ALLERGIES			
		ations?   Yes ber, etc.)?				
		F	AMILY HISTOR	RY		
DISEASE Cancer Stroke Diabetes Asthma/Lung Dis	WHI ——ease	owing diseases in your fa	amily? If yes, in	DISEAS Heart Di High Blo Tobacco	<u>E</u>	WHICH RELATIVE
SOCIAL HISTORY						
		☐ Single ☐ Divorced re you feel unsafe: ☐ Y		Occupation	on:	
Children: □ No	□ Yes – I	How many		Caffeine use	: □ No □ Yes	- How much
Exercise: $\square$ No	□ Yes – H	low often		(coffee, tea	a, cola)	
		low often oin, Methamphetamine, l			: □ No □ Yes beer and wine)	– How much
Tobacco use:	No If quit,	how long did you smoke	e?	□ Yes – Ho	ow much	_ Year began

## PHYSICIAN USE ONLY

Date	Event List

Date	Chronic Problem List