



### Medical History

*(All information will be kept confidential)*

Patients Name \_\_\_\_\_ Birthday \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

List **MEDICAL SPECIALISTS** you have seen:

1. Physician's Name \_\_\_\_\_ Specialty \_\_\_\_\_

2. Physician's Name \_\_\_\_\_ Specialty \_\_\_\_\_

Describe your health:

Excellent (better than most people my age)

Good (I am not aware of any medical problem)

Fair (I have some health problems but they're under control)

Guarded (I have some current health problems)

Poor (I have some major health problems)

When was the last time you saw your physician? \_\_\_\_\_ (Year) What was the purpose? \_\_\_\_\_

Have you ever been hospitalized or had a serious illness? No  Yes  Describe: \_\_\_\_\_

#### HABITS

N/A

Cigarettes

Smoked but quit. When? \_\_\_\_\_

Currently smoking. Amount? \_\_\_\_\_ Start Date: \_\_\_\_\_

Vape

Cigars

Pipe



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**WOMEN**

Are you pregnant? No\_\_ Yes\_\_, estimated due date \_\_\_\_\_

Are you nursing? No\_\_ Yes\_\_

Are you taking oral contraceptives? No\_\_ Yes\_\_

Are you undergoing hormone replacement therapy? No\_\_ Yes\_\_

**MEDICATIONS**

Are you under treatment for Osteoporosis and taking a class of medications called Biphosphonates? No\_\_ Yes\_\_

Some common names include: Actonel                      Boniva                      Fosamax                      Fosamax Plus D                      Other

Are you taking any blood thinner? No\_\_ Yes\_\_

Some common names include: Plavix                      Ticlid                      Lovanox                      Coumadin/Warfarin                      Other

**ALLERGIES**

Are you allergic to any of the following?

Latex / Penicillin / Sulfa / Metals / Vicodin / Percocet / Codeine / Local Anesthetic / Aspirin

NSAIDs like Motrin / Other antibiotics: \_\_\_\_\_

Name the specific medication and describe your reaction: \_\_\_\_\_

List any surgeries or major health events		Medications INCLUDING over-the-counter medications and herbal supplements		
Year	Event	Name of Medicine	Dosage	Purpose: Why are you taking it?

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### HEART / VASCULAR

- Heart Attack (MI)
- Congenital heart defect
- Rheumatic Fever
- Irregular heartbeat (missed beats)
- Heart murmur
- High blood pressure
- Low blood pressure
- Angina / Chest Pain
- Mitral Valve Prolapse
- Artificial heart valve(s)
- Pacemaker
- By-pass surgery
- Stent replacement
- Congestive heart failure
- Swelling of ankles
- Shortness of breath

### BLOOD

- Anemia
- Sickle cell disease
- Hemophilia
- Bruise very easily
- Prolonged bleeding
- HIV / AIDS

### RESPIRATORY

- Tuberculosis
- Emphysema
- Asthma
- Persistent Cough
- Coughing up blood / sputum
- Difficulty breathing while lying down
- Winded going up a flight of stairs

- Lung cancer
- Other lung disease

### BONE

- Arthritis / Rheumatism
- Osteoporosis
- Gout
- Artificial joints or limbs

### URINARY

- Kidney disease
- Renal dialysis
- Frequent urination
- Burning with urination
- Blood or discharge in urine
- Venereal disease
- Genital herpes

### NERVOUS SYSTEM

- Stroke (CVA) or TIA
- Severe headaches / Migraine
- Fainting or dizzy spells
- Convulsions or Epilepsy
- Numbness or tingling

### ENDOCRINE

- Diabetes:  
Type 1 / Type 2
- Excessive thirst
- Thyroid disease
- Hypoglycemia

### MENTAL HEALTH

- Depression
- Anxiety
- Panic attacks
- Psychiatric treatment
- Bipolar (manic-depressive)
- Addictive disorders
- Type: \_\_\_\_\_
- Other: \_\_\_\_\_

### HEAD / NECK / EYES

- Glaucoma
- Macular Degeneration
- Loss of hearing
- Tonsillitis
- Sinus problems

### DIGESTIVE SYSTEM

- Hepatitis, Type \_\_\_\_
- Gastric reflux
- Ulcers
- Frequent diarrhea
- Crohn's disease or colitis

### CANCER

- Tumor  
Type: \_\_\_\_\_
- Radiation treatment
- Chemotherapy
- Organ removal  
Organ: \_\_\_\_\_  
Date: \_\_\_\_\_
- Organ transplant  
Organ: \_\_\_\_\_  
Date: \_\_\_\_\_

**Medical History Updates**  
*(All information will be kept confidential)*

To the best of my knowledge, all of the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Notes: