

MEDICAL HISTORY FORM

Name _____ DOB _____

General State of Health: Excellent Good Fair Poor

Marital Status: Single Married Widowed Separated Divorced

Occupation/ Job: _____

Number of Children: _____

Do you smoke? yes no
 _____ packs per day _____ smoking years

Do you drink alcoholic beverages? yes no
 How much? _____

Are you on any type of diet? _____

Are you happy with your weight? _____

Do you exercise? yes no
 How much? _____

Who is your regular doctor? _____

When was your last physical exam? _____

Reason for today's visit?

Do you have hormone issues? yes no
 If yes, please explain:

Previous Hospitalizations and/or surgery:

FEMALE HISTORY:

Age of onset of periods? _____
 Are your periods regular? _____
 # of Pregnancies _____ # of Miscarriages _____
 Date of last menstrual period _____
 Are you pregnant? yes no
 Form of birth control? _____
 Age of "Change of Life" _____
 Hysterectomy? partial complete
 Do you do self-breast exams? yes no

Family History	Age	Present Illness	Cause of Death
Mother			
Father			
Brothers & Sisters			

Is there a FAMILY HISTORY OF: (Please circle if appropriate)

- | | |
|---------------------|---------------------|
| Osteoporosis | Depression |
| High Blood Pressure | Psychiatric Illness |
| Sugar Diabetes | Alcoholism |
| Overweight | Bleeding Disorder |
| High Cholesterol | Anemia |
| Heart Attack | Glaucoma |
| Stroke | Lung Cancer |
| Tuberculosis | Breast Cancer |
| Lung Problem | Colon Cancer |
| Asthma | Other Cancer |
| Stomach Cancer | |

PAST MEDICAL HISTORY: Have you had any of the following illnesses or disorders?

- | | |
|---------------------|----------------------------|
| Heart Problems | Birth Defects |
| High Blood Pressure | Arthritis |
| Sugar Diabetes | Thyroid Problem |
| Overweight | Gout |
| Stroke | Anemia |
| Chronic Bronchitis | High Cholesterol |
| Emphysema | Bleeding Problems |
| Asthma | Glaucoma |
| Tuberculosis | Suicide Attempt |
| Hepatitis | Depression |
| Ulcer | <i>Other disorders of:</i> |
| Urinary Stone | Breast |
| Urinary Infection | Blood Vessels |
| Seizures | Stomach |
| Migraines | Bowel |
| Decreased Vision | Gallbladder |
| Decreased Hearing | Pancreas |
| Black Lung | Kidneys |
| Venereal Disease | Prostate |