PERSONAL HEALTH HISTORY

NOTE: Please complete all information on this record. All information is treated in confidence and will not be released unless you grant permission.

Name_____ Today's Date_____

Age*_____ Birth Date_____ Last Physical Exam Date_____

***Patients under the age of 18 must be accompanied by parent or guardian on the first visit.**

ACTIVE AND INACTIVE PROBLEMS:

Check (✓) all items either yes or no and give approximate date if past.	No	Yes Now	Yes Past	If Past, Date
Asthma				
Abnormal Electrocardiogram				
Angina				
Anemia (Type)				
Arthritis				
Blindness Either Eye				
Broken Bones				
Cataracts				
Chronic Bronchitis/Lung Disease				
Cirrhosis of Liver				
Colon or Bowel Trouble				
Deafness				
Dysentery				
Diabetes				
Ear Infections				
Emphysema				
Enlarged Heart				
Glaucoma				
Gall Stones				
Gout				
Goiter				
Gonorrhea				
Hay fever				
Heart Murmur as Adult				
Heart Attack				
High Blood Pressure				
Hepatitis				
Hemorrhoids				
Kidney Infection				
Kidney Stones				
Nervous Breakdown				
Poor Blood Clotting				
Polio				
Phlebitis				

Check (✓) all items either yes or no and give approximate date if past.	No	Yes Now	Yes Past	If Past, Date
Rheumatic Fever				
Rectal Trouble				
Recurrent Boils				
Stroke				
Stomach or Duodenal Ulcer				
Syphilis				
Skin Disease				
Serious Depression				
Serious Emotional Problems				
Tuberculosis				
Thyroid (overactive)				
Thyroid (underactive)				
Varicose Veins				
Men				
Prostate Problems				
Women				
Menstrual Difficulties				
Cystitis				
Mastitis				
Ovarian Cyst				
Breast Cancer				
Other Breast Disease*				
Other Gynecological Problems*				
Still Menstruating (circle)	YES NO			
Age Period Started				
Age Periods Stopped				
Why Periods Stopped				
Number of Pregnancies				
Number of Children				
Number of Miscarriages				
*Explain				

SURGERIES:

	Yes	No	Date
Tonsils			
Appendix			
Gall Bladder			
Stomach			
Kidney			
Colon			
Thyroid			

	Yes	No	Date
Hernia			
Breast (women)			
Uterus (women)			
Ovaries (women)			
Prostate (men)			
Other – Specify			