

PatientName- _____ Date _____ DOB _____

INITIAL HEALTH HISTORY

Do you have any active complaints presently? Please describe. Use separate page if needed.

1. _____
2. _____
3. _____
4. _____
5. _____

Past Surgeries (operations)

Give approximate year

Present Medications, Dose, and Times Taken

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Social History

Ever smoked? Most smoked on regularly basis/per day-

How many years smoked all-together? _____ When did you quit? _____

Alcohol-how many drinks (1 beer=1glass wine=1 oz. hard liquor) per day?

Now _____

How many when you drank the most? _____ How many years? _____

Street drugs- Presently _____

Past _____

Domestic violence- Ever been a victim? _____ Describe _____

Marital status- _____

Types of jobs & toxin exposure you have had _____

The last time you had any of the following (year): Explain any abnormalities on other side or lines at end of form.

Flu vaccine _____ Tetanus shot _____ Pneumonia shot _____

Hepatitis vaccine _____ Tuberculosis test _____ Stool blood test _____

Rectal exam _____ Sigmoidoscopy/colonoscopy _____ Eye exam _____

Dental exam _____ Cholesterol test _____ MEN- Prostate test _____

WOMEN- Mammogram _____ Pap smear _____ Breast exam _____

Bone Density test _____ **EXPLAIN ABNORMALITIES ON OTHER SIDE**

Medication Allergies _____

FOR WOMEN ONLY

Date of last menses _____

Are menses regular _____

Spotting _____ Pain _____

Using birth control _____

What type? _____

of pregnancies _____

of live births _____

of miscarriages _____

of abortions _____

Have you or any family member had any of these problems in the past?

Please check those that apply and explain on lines below

1. Head ,eyes, ears, nose or throat-such as headaches, cataracts, glaucoma, macular degeneration, stuffy/runny nose, allergies, sore throat, hoarse voice, cancers or lumps, trouble swallowing, heartburn.

Self present _____ Self past _____ Relative _____

2. Swollen glands-

Self present _____ Self past _____ Relative _____

3. Lungs, breathing-asthma, emphysema, cancer, sarcoid,

