

ADULT HEALTH HISTORY

Name: _____ Birthday: ____-____-____ Today's date: ____-____-____

Main concern today: _____

PLEASE CIRCLE ANY OF THE FOLLOWING MEDICAL PROBLEMS YOU HAVE EXPERIENCED

- | | | | |
|--------------------------|----------------|---------------------|--------------------|
| Anemia | Depression | High Cholesterol | Psychiatric Care |
| Angina | Diverticulitis | Heart Disease | Pap smear-abnormal |
| Asthma | Diabetes | HIV/AIDS | Pacemaker |
| Arthritis | Emphysema/COPD | High Blood Pressure | Rheumatic Fever |
| Anxiety | Epilepsy | Heart Attack | Rectal Bleeding |
| Blood Clots | Glaucoma | Liver Disease | Suicide Attempt |
| Bleeding Disorders | Gout | Kidney Stones | Stroke |
| Bronchitis | Goiter | Kidney Disease | Thyroid Problems |
| Cancer | Gallstone | Migraine Headaches | Tuberculosis |
| Cataracts | Hepatitis | Pneumonia | Ulcer |
| Congestive Heart Failure | Herpes | Prostate Disease | Vaginal Infections |

Other conditions not listed above: _____

IMMUNIZATION RECORD (year)

Hepatitis Vaccine _____
Flu Vaccine _____
Pneumonia Vaccine _____
Tetanus Vaccine _____

SURGICAL HISTORY (year)

Appendectomy _____
Gallbladder _____
Hysterectomy _____
Colonoscopy _____
Other _____

OB/GYN HISTORY

Age at First Period _____
Menopause _____
Date of Last Menstrual Period _____
Last PAP Smear _____
Last Breast Exam _____

MEDICATIONS (name, dose and how often)

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

Write additional medications on back

ALLERGIES: _____

FAMILY HISTORY (please list blood relatives with the following diseases)

Diabetes _____

Heart disease (heart attack, stent, bypass, or open heart surgery) _____

High blood pressure _____

High cholesterol _____

Cancer (what type & age at diagnosis) _____

Asthma _____

Other _____

SOCIAL HISTORY

Current or previous smoker? _____ When did you quit? _____

How much per day? _____ How many years? _____

Alcohol (# drinks) _____ (circle) daily weekly monthly yearly never

Recreational drugs _____

Occupation _____

Live with _____

Education _____

