

PATIENT NAME _____ DATE _____

PAST MEDICAL HISTORY (Circle if you have ever had):

Diabetes	Thyroid problems	Emphysema	Rheumatic fever
Blood clots	Chronic bursitis	Hernia	Arthritis
Heart attack	Liver disease	Ulcer	Asthma
Kidney disease	Jaundice	Pneumonia	Breast cysts/lumps
Epilepsy	Skin disease	Anemia	Hepatitis
High blood pressure		Blood clots to lungs	Cancer

FAMILY MEDICAL HISTORY (Check which applies)

Blood disease _____
Heart attack/diseases _____
Cancer _____
Diabetes _____
Tuberculosis _____
Problems with anesthesia _____
Lung disease _____
Birth defects _____
Liver disease _____
Kidney disease _____

SOCIAL HISTORY YES NO

Do you smoke cigars/ cigarettes? _____
If so how many a day? _____
Do you chew tobacco? _____
Do you drink alcohol? _____
If yes how many glasses/day _____
Problems with anesthesia _____
Have you ever had excessive
bleeding following dental
or surgery? _____
Were you in the military? _____
Cortisone? Pill/inj? _____

OCCUPATION(DESK JOB/LABORER IF RETIRED, FROM WHAT?) _____

Ages of children _____

List any hobbies or recreational activities _____

LIST ALL OPERATIONS & DATES

LIST ALL INJURIES & SERIOUS ILLNESS

REVIEW OF SYSTEMS: (Circle any of these symptoms you have had in the past year)

GENERAL: Poor appetite or weight change
HEAD: Headaches
EYES: Blurred or double vision
THROAT: Chronic sore throats or difficulty swallowing
MOUTH: Loose or false teeth or dental problems
LUNGS: Shortness of breath or chronic cough
HEART: Chest pain, pounding of the heart or swollen ankles or hands
ABDOMEN: Nausea, vomiting, diarrhea, constipation, blood in stools, recurrent indigestion,
change in bowel habits or abdominal pain
GU: Urinating at night, frequent urination or pain or burning with urination
HEME: Easy bruising, difficulty with stopping bleeding
Have you ever received a blood transfusion? Y N
N/M: Do you have any numbness or weakness? Y N
If so, where? _____
Have you ever had to limit your activities? Y N
If yes please explain _____

LIST ALL KNOWN DRUG ALLERGIES

LIST ALL MEDICATIONS TAKEN RECENTLY

