# PATIENT MEDICAL HISTORY FORM

| PATIENT NAME | | | | |
|---|---|---|---|---|
| **GENDER:** **Male Female** | **BIRTHDATE** | **AGE** | **HEIGHT** | **WEIGHT** |

**1. ALLERGIES:** *(LIST ALL ALLERGIES TO MEDICATIONS, FOOD, SHELL FISH, LATEX, ETC.)*

| | | |
|---|---|---|
| *1* | *6* | *11* |
| *2* | *7* | *12* |
| *3* | *8* | *13* |
| *4* | *9* | *14* |
| *5* | *10* | *15* |

**2. MEDICATIONS:***(LIST ALL PRESCRIPTION, OVER-THE-COUNTER MEDICATIONS, VITAMINS, SUPPLEMENTS DOSE & DIRECTIONS)*

| *MEDICATION* | *DOSE* | *DIRECTIONS/REASON* |
|---|---|---|
| *1* | | |
| *2* | | |
| *3* | | |
| *4* | | |
| *5* | | |
| *6* | | |
| *7* | | |
| *8* | | |
| *9* | | |
| *10* | | |
| *11* | | |
| *12* | | |

**3. IMMUNIZATIONS & VACCINATIONS:**

| DESCRIPTION | *STATUS* | *MONTH & YEAR RECEIVED* |
|---|---|---|
| IMMUNIZATIONS | *CURRENT* *PAST DUE* | |
| FLU VACCINATION | *CURRENT* *PAST DUE* | |
| PNEUMONIA VACCINATION | *CURRENT* *PAST DUE* | |

**4. FAMILY MEDICAL HISTORY:**

| PROBLEM LIST | FATHER | MOTHER | BROTHER | SISTER | CHILDREN | PATERNAL GRANDFATHER | PATERNAL GRANDMOTHER | MATERNAL GRANDFATHER | MATERNAL GRANDMOTHER |
|---|---|---|---|---|---|---|---|---|---|
| ADDICTIONS | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| ALLERGIES OR HAYFEVER | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| ARTHRITIS | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| ASTHMA | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| BIRTH DEFECTS | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| BLEEDING DISORDER | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| BRONCHITIS | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| CANCER (TYPE) | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| CYSTIC FIBROSIS | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| DIABETES | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| ECZEMA | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| EMPHYSEMA | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| EPILEPSY | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| HEART DISEASE | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| HIGH BLOOD PRESSURE | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| IMMUNE DISORDER | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| KIDNEY DISEASE | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| MIGRAINE HEADACHES | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| PSYCHIATRIC DISORDER | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| SINUS | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| STOMACH/BOWEL | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| STROKE | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |
| THYROID | ☐ | ☐ | ☐ | ☐ | M F | ☐ | ☐ | ☐ | ☐ |

| PATIENT NAME | DATE OF BIRTH |
|---|---|
| | |

## 5. SOCIAL & ENVIRONMENTAL (CIRCLE & ANSWER ALL THAT APPLY)

| PRODUCT | CIRCLE RESPONSE | QUANTITY | DURATION &/OR YEAR QUIT |
|---|---|---|---|
| ALCOHOLIC BEVERAGES | YES NO | | |
| CAFFIENE | YES NO | | |
| TOBACCO | YES NO | | |
| RECREATIONAL DRUGS | YES NO | | |

| | | | |
|---|---|---|---|
| **PRIMARY RESIDENCE** | CITY CITY-SUBURB RURAL-SUBURB FARM HOUSE CONDO/TOWNHOUSE APARTMENT MOBILE HOME FINISHED BASEMENT UNFINISHED BASEMENT EARTHFLOOR IN BASEMENT NO BASEMENT LIVED IN PACIFIC NORTHWEST LIVED IN OTHER COUNTRIES LIVED IN OTHER STATES | | |
| | AGE OF HOME: _____ | #YEARS LIVING AT HOME: _____ | # OF PERSONS IN HOME: _____ |
| **HEAT/AIRCONDITIONING** | CENTRAL RADIATOR ELECTRIC GAS IN-WINDOW CEILING FANS | | |
| **FLOORING** | HARWOOD (AGE OF HARDWOOD: _____) CARPET (AGE OF CARPET: _____) | | |
| **BASEMENT/CRAWL SPC** | DRY DAMP MUSTY | | |
| **BEDROOM INFO** | MATTRESS/BOXSPRING WATERBED BUNK BED FUTON BED (AGE OF BED: _____) | | |
| **PILLOW INFO** | FEATHER PILLOW NON-FEATHER PILLOW OTHER: (AGE OF PILLOW: _____) | | |
| **PETS** | DOGS CATS OTHER: INDOOR OUTDOOR ALLOWED IN BEDROOM | | |
| **SMOKERS** | NONE INDOORS: OUTDOORS | | |
| **OTHER ENVIRONMENTALS** | | | |
| **CHIDREN UNDER 15 YRS:** | BIRTH WEIGHT: COMPLICATIONS FOLLOW DELIVERY GROWTH/DEVELOPMENT NORMAL OR ABNORMAL | | |

## 6. HOSPITALIZATIONS & SURGERIES: *(LIST HOSPTIALIZATION / SURGERY AND GIVE APPROXIMATE MONTH & YEAR OF HOSPITALIZATION/SURGERY)*

| |
|---|
| *1* |
| *2* |
| *3* |
| *4* |
| *5* |
| *6* |
| *7* |
| *8* |
| *9* |
| *10* |

| PATIENT NAME | DATE OF BIRTH |
|---|---|
| | |

7. **MEDICAL CONDITIONS:** *(CIRCLE ALL MEDICAL CONDITIONS THAT APPLY)*

AIDS/HIV ABUSE/DOMESTIC VIOLENCE ALLERGIES ANEMIA ANESTHESIA COMPLICATIONS ANXIETY DISORDER ARHRITIS ASTHMA AUTISM SPECTRUM DISORDER BEDWETTING BIRTH DEFECTS BLADDER INFECTIONS BLADDER OR KIDNEY PROBLEMS BLOOD DISORDER BLOOD TRANSFUSION BREAST PROBLEM COPD CANCER CHICKEN POX COLITIS CONGENTIAL ANOMALIES CONGESTIVE HEART FAILURE CONSTIPATION CORONARY ARTERY DISEASE CROUP DEPRESSION DEVELOPMENT/BEHAVIORAL DISORDERS DIABETES DIVERTICULITIS EAR/HEARING PROBLEMS EARTING DISORDER ECZEMA EMPHYSEMA ENDOMETRIOSIS FIBROMYALGIA GI PROBLEMS GASTROESOPHAGEAL REFLEX DISEASE GOUT HEAD INJURY/CONCUSSION HEADACHES HEART PROBLEMS/MURMUR HEPATITIS HIGH BLOOD PRESSURE HIGH CHOLESTEROL HYPERTENSION HYPERTHYROIDISM INFERTILITY KIDNEY DISEASE LIVER DISEASE LUNG DISEASE MENTAL DISORDER MENTAL ILLNESS MIGRANES MITRAL VALVE PROLAPSE MUSCLE/JOINT/BONE PROBLEMS NASAL POLYPS OBESITY OSTEOPOROSIS OVARIAN CANCER POLYPS PRE-ECLAMPSIA PROSTATE PROBLEMS PULMONARY EMBOLISM REFLUX/GERD SEZURES/EPILEPSY SKIN PROBLEMS STROKE THROMBOPHILIAS THYROID PROBLEMS TUBERCULOSIS ULCERS VARICOSITIES VISION PROBLEMS MRSA EXPOSURE

OTHER:

**REVIEW OF SYSTEMS: (CIRCLE ALL THAT APPLY)**

| | |
|---|---|
| **CONSTITUTIONAL** | FEVER NIGHT SWEATS WEIGHT GAIN WEIGHT LOSS EXERCISE INTOLERANCE |
| **EYES** | DRY EYES: *RIGHT LEFT BOTH* EYE IRRITATION: *RIGHT LEFT BOTH* VISION CHANGES: *RIGHT LEFT BOTH* |
| **EARS, NOSE, THROAT, MOUTH** | HEARING DEFICIT: *RIGHT LEFT BOTH* EAR PAIN: *RIGHT LEFT BOTH* |
| **CARDIOVASCULAR** | CHEST PAIN ARM PAIN SHORTNESS OF BREATH PALPITATIONS HEART MURMUR LIGHT HEADED/DIZZY |
| **RESPIRATORY** | COUGHING SLEEP APNEA WHEEZING SHORTNESS OF REATH |
| **GASTROINTESTINAL** | ABDOMINAL PAIN VOMITING INCREASED APPETITE DECREASED APPETITE DIARRHEA DYSPEPSIA GERD |
| **GENTIURINARY** | PAIN WITH URINATION URINARY DRIBBLING INABILITY TO URINATE BLOOD IN URINE |
| **MUSCULOSKELETAL** | MUSCLE WEAKNESS SWELLING IN EXTREMITIES MUSCLE ACHES |
| **INTEGUMENTARY** | ABNORMAL MOLE JAUNDICE RASH LACERATION |
| **NEUROLOGICAL** | LOSS OF CONSCIOUSNESS WEAKNESS NUMBNESS SEIZURES DIZZINESS HEADACHES |
| **PSYCHIATRIC** | DEPRESSION SLEEP DISTURBANCES STRESS IN RELATIONSHIP SUBSTANCE ABUSE |
| **ENDOCRINE** | FATIGUE |
| **HEMATOLOGIC** | SWOLLEN GLANDS BRUISING |
| **ALLERGY** | ITCHING HIVES SWELLING RUNNY NOSE SINUS PRESSURE FREQUENT SNEEZING NASAL CONGESTION |