



PATIENT'S MEDICAL HISTORY

Patient Name: _____

Circle any symptoms or illnesses which have incurred in the past five years, any which have significant impact on your health (such as chronic disease or disability), or any which may affect this hospitalization/ surgery.

General Normal

Fever
Weight loss
Fatigue
Depression
Nervousness
Trouble sleeping

Endocrine Normal

Thyroid trouble
Diabetes
Heat or cold intolerance
Excessive sweating
Excessive thirst or hunger
Excessive urination

Back Normal

Back ache stiffness
Back injury

Head Normal

Headache
Head injury

Heart murmur
Chest pain or angina
Palpitations
Arthritis
Gout
Cramps

Heart Normal

High blood pressure
Heart attack
Rheumatic fever
Tremors
Numbness or tingling
Swelling

Arms and Legs Normal

Joint pain or injury
Weakness
Paralysis

Eyes Normal

Poor vision
Wear glasses or contact
Pain
Double vision
Glaucoma
Cataracts
Emphysema
Pneumonia
Tuberculosis

Lungs Normal

Trouble breathing
Cough
Spitting up blood
Wheezing
Asthma
Bronchitis

Neurologic Normal

Stroke
Paralysis
Seizure disorder
Memory disorder
Fainting
Tremors

Ears Normal

Poor hearing
Wear hearing aid
Pain
Drainage
Noises or tinnitus
Balance trouble or vertigo
Rectal bleeding
Hemorrhoids

Digestive Normal

Trouble swallowing
Heartburn or ulcer
Nausea
Vomiting
Diarrhea
Constipation
Anemia
Blood transfusion

Bleeding Normal

Easy bruising
Prolonged bleeding from cuts
Frequent nose bleeds
Bleeding from teeth and gums
Blood in urine and stool
Heavy menstrual flow

Nose and throat Normal

Frequent sore throat
Hoarseness
Nasal stuffiness
Nasal allergies
Nose bleeds
Sinus trouble
Snoring

Liver Normal

Jaundice
Hepatitis
Gall stones

Reproductive Normal

Sexually transmitted disease

Gynecology Normal

Pregnant
Last menstrual period
Date _____

Neck Normal

Swollen glands
Goiter
Neck pain
Trouble moving neck
Trouble swallowing

Urinary Normal

Difficulty urinating
Bloody urine
Kidney stones
Kidney failure
Hemodialysis ____

Habits Normal

Tobacco use ____ packs/ days
Alcohol use ____ oz/ days
Coffee or tea use
Aspirin use
note amount if used regularly

Other Normal

Intravenous drug use
Substance abuse