



Your life. Our specialty.

MEDICAL HISTORY FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

MEDICAL HISTORY

Table with 2 columns: YES, NO. Rows include Heart, Lung, Stomach, Liver, Kidney, Anemia, Diabetes, Mental Illness, Cancer, Bleeding Disorder, Other.

Explain all answers: \_\_\_\_\_

SURGICAL HISTORY

List all procedures with Date, Place & Dr.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS

Give name & dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES TO MEDICINE

\_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY

Table with 2 columns: YES, NO. Rows include Heart, Blood Pressure, Diabetes, Bleeding Disorder, Cancer, Other.

Explain all answers: \_\_\_\_\_

SOCIAL HISTORY

Most recent occupation:

\_\_\_\_\_  
\_\_\_\_\_

Smoking History: Chews  None

Previously Smoked  \_\_\_\_\_ Packs per day

Alcohol History: Never  Previously

Occasional  Moderate to Heavy

Marital Status: Married  Single

Separated  Divorced  Widowed

# of Children \_\_\_\_\_ Presently Living Alone

REVIEW OF SYSTEMS

Have You Recently Had or Do You Now Have:

GENERAL

Normal  
Change in appetite  
Change in weight  
Chills, fever, sweats

HEAD

Normal  
Frequent headaches  
Recent Trauma

EYES

Normal  
Reading glasses  
Change in vision  
Double vision

EARS/NOSE/THROAT/

MOUTH

Normal  
Loss of hearing  
Ringing in ears  
Gum problems  
Bleeding  
Nose bleed  
Hoarseness  
Difficulty swallowing  
Morning cough  
Toothache

RESPIRATORY

Normal  
Difficulty breathing  
Cough  
Shortness of breath  
Coughing up blood

HEART

Normal  
Chest pain  
Heart beating fast  
Difficult breathing w/ activity

DIGESTIVE SYSTEM

Normal  
Abdominal pain  
Nausea  
Vomiting  
Bloating  
Diarrhea  
Constipation  
Blood in stool  
Frequent belching

MUSCLES/BONES

Normal  
Pain  
Weakness  
Joint swelling  
Backache  
Degenerative Disease

Yes No

Table with 2 columns: Yes, No. Rows correspond to General, Head, Eyes, Ears/Nose/Throat/Mouth, Respiratory, Heart, Digestive System, Muscles/Bones.

Table with 2 columns: Yes, No. Rows correspond to Ears/Nose/Throat/Mouth, Respiratory, Heart, Digestive System, Muscles/Bones.

Table with 2 columns: Yes, No. Rows correspond to Respiratory, Heart, Digestive System, Muscles/Bones.

Table with 2 columns: Yes, No. Rows correspond to Digestive System, Muscles/Bones.

Table with 2 columns: Yes, No. Rows correspond to Muscles/Bones.

NERVOUS SYSTEM

Normal  
Dizziness  
Loss of consciousness  
Seizures  
Blackouts  
Nervous exhaustion  
Numbness/tingling

SKIN

Normal  
Rash  
Non-healing lesion

EMOTIONAL STATUS

Normal  
Nervousness  
Mood changes  
Depression  
Insomnia

ENDOCRINE/GLANDS

Normal  
Thyroid  
Heat intolerance  
Cold intolerance  
Diabetes  
Excessive thirst  
Excessive hunger  
Excessive urination

BLOOD/LYMPH SYSTEM

Normal  
Anemia  
Easily bruise  
Easily bleed  
Swollen glands

ALLERGIES

None/Normal  
Hay fever/Seasonal allergies

URINARY SYSTEM

MALE

Normal  
Penile discharge  
Difficulty urinating  
Blood in urine  
Get up every night to urinate  
Prostate trouble

FEMALE

Normal  
Regular periods  
Menopausal - no periods  
Hysterectomy  
Vaginal discharge  
Difficulty urinating  
Blood in urine

Yes No

Table with 2 columns: Yes, No. Rows correspond to Nervous System, Skin, Emotional Status, Endocrine/Glands, Blood/Lymph System, Allergies, Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Skin, Emotional Status, Endocrine/Glands, Blood/Lymph System, Allergies, Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Emotional Status, Endocrine/Glands, Blood/Lymph System, Allergies, Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Endocrine/Glands, Blood/Lymph System, Allergies, Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Blood/Lymph System, Allergies, Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Allergies, Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Urinary System (Male).

Table with 2 columns: Yes, No. Rows correspond to Urinary System (Female).