

CONFIDENTIAL HEALTH HISTORY

Patient Name: _____

Age: _____

Date of Last Physical Exam: _____ Physician: _____

Reason for Visit: _____

SYMPTOMS: (Circle all symptoms you have now or have had in the past year)

General

Chills
Depression
Dizziness
Fainting
Fever
Forgetfulness
Headaches
Nervousness
Numbness
Sleep Loss
Sweats
Weight Loss

Cardiovascular

Chest Pain
High Blood Pressure
Irregular Heart Beat
Low Blood Pressure
Poor Circulation
Rapid Heart Beat
Swelling of Ankles
Varicose Veins

Gastrointestinal

Bloating
Bowel Changes
Constipation
Diarrhea
Excessive Hunger
Excessive Thirst
Gas
Hemorrhoids
Indigestion
Nausea
Poor Appetite
Rectal Bleeding
Stomach Pain
Vomiting
Vomiting Blood

Eye, Ear, Nose, Throat

Bleeding Gums
Blurred Vision
Crossed Eyes
Difficulty Swallowing
Double Vision
Ear Ache
Ear Discharge
Hay Fever
Hearing Loss
Hoarseness
Nosebleeds
Persistent Cough
Ringing in Ears
Sinus Problems
Vision Flashes
Vision Halos

Bone, Joint, Muscle

Pain, Numbness, Weakness In:
Arms
Back
Feet
Hands
Hips
Legs
Neck
Shoulders

Women Only

Abnormal Pap Smear
Bleeding between Periods
Breast Lump
Extreme Menstrual Pain
Hot Flashes
Nipple Discharge
Painful Intercourse
Vaginal Discharge
Other: _____

Men Only

Breast Lump
Erection Difficulties
Lump in Testicles
Penis Discharge
Sores on Penis
Other: _____

Date of Last Menstrual Period: _____

Date of Last Pap Smear: _____

Have you had a Mammogram? _____

Are you Pregnant? _____

CONDITIONS: (Circle all conditions you have now or have had in the past year)

AIDS
Alcoholism
Anemia
Anorexia
Appendicitis
Arthritis
Asthma
Bleeding Disorders
Bronchitis
Bulimia

Cancer
Cataracts
Chemical Dependency
Chicken Pox
Diabetes
Emphysema
Epilepsy
Glaucoma
Goiter
Gout

Heart Disease
Hepatitis
Hernia
Herpes
High Cholesterol
HIV Positive
Kidney Disease
Liver Disease
Measles
Migraine Headaches

Mononucleosis
Multiple Sclerosis
Mumps
Pacemaker
Pneumonia
Polio
Prostate Problems
Psychiatric Care
Rheumatic Fever
Scarlet Fever

STD
Stroke
Suicide Attempt
Thyroid Problems
Tonsillitis
Tuberculosis
Typhoid Fever
Ulcers
Vaginal Infections
Venereal Disease