



Past Medical History

Head

Trauma/Concussion

Eyes

- Blindness
- Cataracts
- Glaucoma
- Wear glasses/contacts

Ears

Hearing aids

Nose/Sinuses

- Allergic rhinitis
- Sinus Infections

Mouth/Throat/Teeth

Dentures

Cardiovascular

- Aneurysm
- Angina
- DVT
- Dysrhythmia
- HTN
- Murmur
- Myocardial Infarction
- Other heart disease

Respiratory

- Asthma
- Bronchitis
- COPD- Bronchitis/Emphysema
- Pleuritis
- Pneumonia

Gastrointestinal

- Cirrhosis
- GERD
- Gallbladder disease
- Heartburn
- Hemorrhoids
- Hepatitis
- Hital hernia
- Jaundice
- Ulcer

Genitourinary

- Hernia
- Incontinence
- Nephrolithiasis
- Other Kindey disease
- STDs
- UTI(s)

Musculoskeletal

- Arthritis
- Gout
- M/S Injury

Skin

- Dermatitis
- Mole (s)
- Other skin condition(s)
- Psoriasis

Neurological

- Epilepsy
- Seizures
- Severe headaches, migraines
- Stroke
- TIA

Psychiatric

- Bipolar disease
- Depression
- Hallucinations, delusions
- Suicidal ideation
- Suicide attempts

Endocrine

- Goiter
- Hyperlipidemia
- Hypothyroidism
- Thyroid disease
- Thyroiditis
- Type I DM
- Type II DM

Heme/Onc

- Anemia
- Cancer

Infections

- HIV
- STDs
- Tuberculosis (dz)
- Tuberculosis (exposure)

Family History

Mother

Health Status

- Alive
- Deceased
- Unknown

General

- No health concern
- Arthritis
- Asthma
- Bleeding disorder
- CAD < age 55
- COPD
- Diabetes
- Heart Attack
- Heart Disease
- High Cholesterol
- Hypertension
- Mental Illness
- Osteoporosis
- Stroke
- Cancer

Father

Health Status

- Alive
- Deceased
- Unknown

General

- No health concern
- Arthritis
- Asthma
- Bleeding disorder
- CAD < age 55
- COPD
- Diabetes
- Heart Attack
- Heart Disease
- High Cholesterol
- Hypertension
- Mental Illness
- Osteoporosis
- Stroke
- Cancer

Siblings

Health Status

- Alive
- Deceased
- Unknown

General

- No health concern
- Arthritis
- Asthma
- Bleeding disorder
- CAD < age 55
- COPD
- Diabetes
- Heart Attack
- Heart Disease
- High Cholesterol
- Hypertension
- Mental Illness
- Osteoporosis
- Stroke
- Cancer

Social History

Tobacco

- Current every day smoker
- Current some day smoker
- Former smoker
- Heavy tobacco smoker
- Light tobacco smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked

Alcohol

- Do not drink
- Drink daily
- Frequently drink
- Hx of alcoholism
- Occasional drink

Drug Abuse

- IVDU
- Illicit drug use
- No illicit drug use

Cardiovascular

- Eat healthy meals
 - Regular Exercise
 - Take daily aspirin
- ### Safety
- Household smoke detector
 - Keep firearms in home
 - Wear Seatbelts

Sexual Activity

- Exposure to STI
- Homosexual encounters
- Not sexually active
- Safe sex practices
- Sexually active

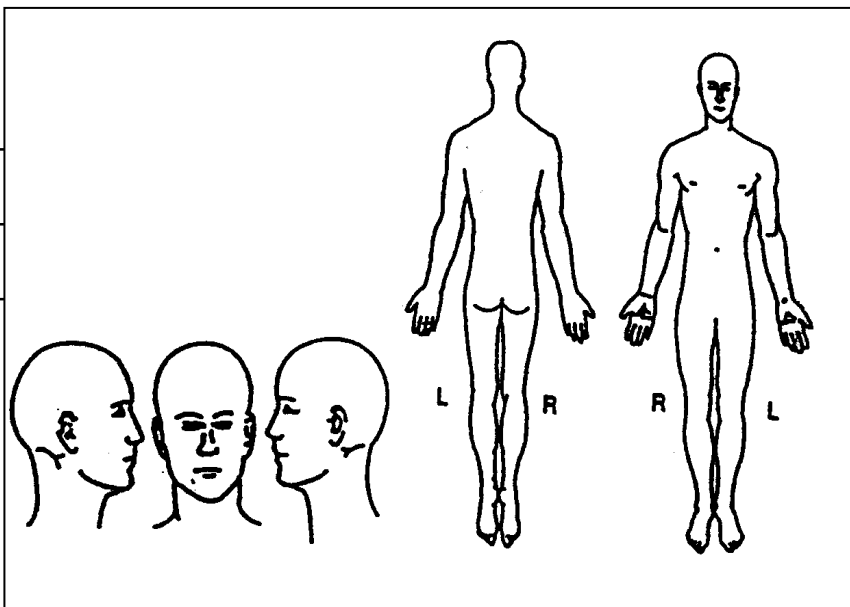
Allergies

- No known allergies
- No known medication allergies
- Allergies: _____

Medications:

Circle location(s) of your symptoms on body drawing.

Chief Complaint(Areas of pain)



Pain Scale:

<u>Right now</u>	<u>At Best</u>	<u>At Worst</u>
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10

Describe your pain (circle all that apply)

- Quality of Pain:** Achy Deep Sharp Stabbing Burning Throbbing
 Shooting Other _____
- Timing of Pain:** Occasional Intermittent Frequent Constant
- Severity of Pain:** Mild Moderate Moderate

What activities increase pain _____

What makes the pain better _____