

| Name: | today's Date: |
|----------------|---------------|
| | |
| Date of Birth: | |

| Proble | ms | | | | | | | |
|--------|------|------------------------|--------|------|----------------------|--------|------|-------------------------|
| Active | Past | : | Active | Past | | Active | Past | |
| | | Abnormal Pap Smear | | | Emphysema | | | Measles |
| | | AIDS | | | Enlarged Prostate | | | Memory Loss |
| | | Alcoholism | | | Epilepsy | | | Migraines |
| | | Anemia | | | Erectile Dysfunction | | | Mononucleosis |
| | | Anorexia | | | Fecal Incontinence | | | Multiple Sclerosis |
| | | Anxiety | | | Glaucoma | | | Mumps |
| | | Appendicitis | | | Goiter | | | Numbness: |
| | | Arthritis | | | Gout | | | Pain: |
| | | Asthma | | | Headache | | | Palpitations |
| | | Bleeding Disorder | | | Hearing Loss | | | Pneumonia |
| | | Blurred Vision | | | Heart Attack | | | Polio |
| | | Breast Lump | | | Heart Disease | | | PMS |
| | | Bronchitis | | | Hemorrhoids | | | Rheumatic Fever |
| | | Bulimia | | | Hepatitis: | | | Scarlet Fever |
| | | Cancer: | | | Hernia | | | Stomach Ulcer |
| | | Cataracts | | | Herpes: | | | Stroke |
| | | Chemical Dependency | | | High Blood Pressure | | | Tonsillitis |
| | | Chicken Pox | | | High Cholesterol | | | Tuberculosis |
| | | Constipation (chronic) | | | HIV Positive | | | Typhoid Fever |
| | | COPD | | | Hyperthyroid (high) | | | Urinary Incontinence |
| | | Depression | | | Hypothyroid (low) | | | Varicose Veins |
| | | Diabetes | | | Kidney Disease | | | Venereal Disease: |
| | | Diarrhea (chronic) | | | Liver Disease | | | |
| | | Difficulty Swallowing | | | Low Blood Pressure | | | |

| Surgical/Hosp | Hospitalization History Pregnancy Hi | | | History | |
|---------------|--------------------------------------|--------|------|---------|---------------|
| Description | Year | Reason | Year | Sex | Complications |
| | | | | | |
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| · alliny ins | coi y | | | | | | | | | |
|--------------|------------|---------------|--------|----------------|-------------|----------------|--|---------|-------------------|--|
| Relation Age | | State of | Age at | | Cause of | | Relatives with the following conditions: | | | |
| | | Health | Deatl | h | Death | | Disease | e | Relationship | |
| Father | | | | | | | Arthritis | | | |
| Mother | | | | | | | Asthma | | | |
| Brothers | | | | | | | Cancer | | | |
| Sisters | | | | | | | Depress | ion | | |
| | | | | | | | Diabete | s | | |
| | | | | | | | Heart D | isease | | |
| | | | | | | | Hyperte | nsion | | |
| | | | | | | | Kidney I | Disease | | |
| | | | | | | | Other: | | | |
| | | | | | | | | | | |
| Social His | story | | | T-1 | | | | | | |
| | | | | | cco Use | | | | | |
| | | | | | ol Use | | | | | |
| | | | | Drug Caffei | | | | | | |
| | | | | Exerc | | | | | | |
| | | | | | risk Sexual | Rehavio | nr | | | |
| | | | | Other | | Denavio | <i>7</i> 1 | | | |
| | | | | 0 0 1 1 0 1 | • | | | | | |
| Marital Sta | atus | | | | | | | | | |
| Single | | Married | Sepa | arated | Divor | ced | | Widowed | | |
| Sexual Ori | | | | | | | | | | |
| Heterose | exual | Homosexual | | Bise | exual | | | | | |
| Allergies: | Substance | | | | | Reaction No kr | | | nown allergies | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Preventive | e Care | | | | | | • | | | |
| Procedure | | | Date | | Immuni | zation | | | Date | |
| Colonoscopy | | | | | Influenza | a | | | | |
| Eye Exam | | | | | Pneumod | coccal | | | | |
| Mammogram | 1 | | | | Tetanus | | · | | | |
| PAP Smear | | | | | | | | | | |
| Physical | | | | | | | | | | |
| Medication | ns: Name o | of Medication | n | | | Do | se | No cu | rrent medications | |
| | Hanne C | | • | | | | | 140 Cu | | |
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Family History