

PERSONAL HEALTH HISTORY

Patient's Name _____ DOB _____ Date _____

All information will be kept strictly confidential. Please check the degree of all conditions you currently have or have had. To be responsible for your case, we need your complete health history.

P = Past C = Current

P C

Muscle / Joint

- Arthritis
- Bursitis
- Foot pain
- Scoliosis
- Swollen joints
- Spinal fracture
- Osteoporosis
- Inflammatory arthritis
- Rheumatoid arthritis

General

- Allergy
- Chills
- Convulsions
- Dizziness
- Fainting
- Fatigue
- Fever
- Loss of sleep
- Loss of weight
- Depression
- Sweats
- Tremors
- Recent Infection
- Hernia

Cardiovascular

- Atherosclerosis
- High blood pressure
- Low blood pressure
- Pain over heart
- Poor circulation
- Rapid heartbeat
- Slow heartbeat
- Swelling of ankles

Pain or numbness in

- Shoulders
- Arms
- Elbows
- Hand
- Hips
- Legs
- Knees
- Feet
- Sciatica

P C

Genitourinary

- Bed-wetting
- Blood in urine
- Kidney infection
- Painful urination
- Prostate problems
- Difficulty urinating
- Inability to urinate
- Frequent urination

Eye, Ear, Nose and Throat

- Asthma
- Deafness
- Earache
- Ear discharge
- Tinnitus
- Enlarged glands
- Enlarged thyroid
- Eye pain
- Frequent nose bleeds
- Sinus infection

Skin

- Bruise easily
- Hives or allergy
- Skin eruptions (rash)
- Varicose veins

Women only

- Excess menstrual flow
- Hot flashes
- Irregular cycle
- Lumps in breast
- Menopause
- Painful menstruation
- Vaginal discharge

Are you pregnant? Yes No

Respiratory

- Chest pain
- Chronic cough
- Difficulty breathing
- Spitting up blood
- Wheezing

P C

Gastrointestinal

- Colitis
- Colon trouble
- Constipation
- Diarrhea
- Bloating abdomen
- Gallbladder trouble
- Hemorrhoids
- Intestinal worms
- Jaundice
- Liver trouble
- Nausea
- Pain over stomach
- Decreased appetite
- Vomiting
- Blood in stool

Other

- Stroke
- Cancer
- Multiple sclerosis
- Alcoholism
- Heart disease
- Anemia
- Appendicitis
- Chicken pox
- Diabetes
- Diphtheria
- Eczema
- Edema
- Emphysema
- Epilepsy
- Goiter
- Thyroid problems
- Gout
- Herpes
- Measles
- Mumps
- Pacemaker
- Pleurisy
- Pneumonia
- Polio
- Rheumatic fever
- Scarlet fever
- Tuberculosis
- Typhoid fever
- Ulcers
- Venereal disease
- Whooping cough
- Depression
- Mental Disorder

Family history (If any blood relative has had any of the following conditions, please check and indicate which relative(s))

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> High blood pressure | |