HEALTH HISTORY

All questions are strictly confidential and will become part of your medical record.

PERSONAL HEALTH HISTORY		
Name *(Last, First, M.I.)*:	M F Other ___________________	**DOB:**
Marital status: Single Partnered Married Separated Divorced Widowed		
Previous or referring providers:	**Date of last physical exam:**	
Occupation:		

Childhood illness: Measles Mumps Rubella Chickenpox Rheumatic Fever Polio				
Immunizations and dates:	☐ Chickenpox / varicella	☐ COVID-19	☐ Hepatitis B	☐ Hepatitis A
	☐ HPV	☐ Influenza	☐ Meningitis	☐ MMR
	☐ Pneumonia	☐ Polio	☐ Shingles	☐ Tetanus

List any medical problems that other providers have diagnosed

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers		
Name of the Drug	Strength	Frequency Taken

Allergies to Medications or Substances	
Name	Reaction

Surgeries		
Date	Surgery	Hospital / Surgeon if known

Have you ever had a blood transfusion? **Yes / No**

FAMILY HEALTH HISTORY			
Relative	**Age**	**Deceased?**	**Health Problems**
Mother		Y / N	
Father		Y / N	
Brother		Y / N	
Brother		Y / N	
Brother		Y / N	
Sister		Y / N	
Sister		Y / N	
Sister		Y / N	
Maternal Grandmother		Y / N	
Maternal Grandfather		Y / N	
Paternal Grandmother		Y / N	
Paternal Grandfather		Y / N	
Child Male / Female		Y / N	
Child Male / Female		Y / N	
Child Male / Female		Y / N	
Child Male / Female		Y / N	
Child Male / Female		Y / N	

HEALTH HABITS AND PERSONAL SAFETY			
	Type?	How much?	How often?
Exercise			
Caffeine			
Alcohol			
Tobacco			
Drugs			

GENDER SPECIFIC QUESTIONS:			
FEMALE		**MALE**	
Age at time of first period		Need to urinate at night	Y / N
Date of last period		Burning with urination	Y / N
Number of pregnancies		Blood in urine	Y / N
Number of live births		Burning discharge from penis	Y / N
PMS symptoms	Y / N	Decrease in urine stream	Y / N
Breast problems	Y / N	Erectile dysfunction	Y / N
Date of last pap		Testicular pain or swelling	Y / N
Date of last mammogram		Date of last rectal exam	
Date of last colonoscopy		Date of last prostate exam	
Date of last bone density exam		Date of last colonoscopy	

Any other concerns or questions today:

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