

## MEDICAL HISTORY INFORMATION SHEET

### Front and Back

Today's Date:    /    /		
Name:	Single	Widowed
DOB:    /    /	Married	Seperated
Birthplace:	Divorced	

Allergies (Please circle any that apply)		List any Medications You Take
Penicillin	Y    N	
Sulfa	Y    N	
Antibiotics	Y    N	
Codeine	Y    N	
Morphine	Y    N	
Aspirin	Y    N	
Insect bites/stings	Y    N	
Any Foods	Y    N	
Any Medications	Y    N	
Other		

Hospitalizations: List all, for illness or surgery, beginning the most recent			
Date:	Reason:	Hospital:	Physician:

Diagnostic Testing - When Was Your Last			
Pap Smear	/ /	Mammogram	/ /

Menstrual History	
Age of First Period	Date of Last Period
Length of last Period	Length Between Cycles:

Circle Any Symptoms That Apply During Your Period			Pelvic Pain
Cramps	Heavy Flows	Clots	Head Aches

Circle Your Current Form Of Birth Control			
None	IUD	Spermicide	Birth Control Pills
Condoms	Implanon	Norplant	Tubal ligation
Diaphragm	Depo Provera	Withdrawal	Vasectomy

Pregnancy History (Please give total number for each)			
Pregnancies	Full Term	Premature	Elect. Abortions
Miscarriage	Ectopic	Mutiple Births	Living

List Each Delivery			
Month/Year	Delivery Type	Gestational Weeks	Sex / Birth Weight

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<b>Social History - Answer All Sections</b>	
Do you use seat belts:    Y    N	Weight Now:
Tobacco	1 Year Ago:
Cigarettes    Packs/Day:	Desired:
Cigars:    Pipe:	Alcoholic Beverages
Age started smoking:	Never
Age stopped smoking:	Less than 6 drinks/week:
Snuff	7-24 drinks/week:
Chewing Tobacco	Over 24 drinks/week:
Diet	Treated for alcoholism?
Any special diet:	Treated for drug dependency?
Exercise	Outcome of either treatment:
Type:	

Family History	Health (Good/Poor)	Age/ Age At Death	Cause of death
Father			
Mother			
Brother / Sister			
Brother / Sister			
Spouse			
Son / Daughter			
Son / Daughter			
Date Of Your Last Physical    /    /		Physician	

Has any blood relative ever had:	Check If Yes	Relationship
Allergies		
Asthma		
Arthritis		
Birth Defects		
Cancer		
Depression/Emotional Prob.		
Diabetes		
Glaucoma		
Heart Trouble		
High Blood Pressure		
Kidney Trouble		
Mental Retardation		
Sickle Cell Anemia		
Stroke/ Epilepsy/ Seizures		
Substance Abuse		
Suicide / Suicidal Thoughts		
Tuberculosis		