HEALTH HISTORY (Confidential)

Name:	Today's Date			
Age:Date of Birth:Da			e of last physical:	
SYMPTOMS: Check (4) any symptoms you currently have or have had in the past year				
GENERAL	GASTROINTESTINAL □ Poor appetite	EYE,EAR, NO	OSE, THROAT Ims	MEN ONLY ☐ Erection difficulty
☐ Anxiety ☐ Chills	☐ Bloating	☐ Blurred vision		☐ Lump in chest
	☐ Constipation	☐ Crossed eyes		☐ Lump in testicles
☐ Dizziness	☐ Diarrhea	☐ Difficulty swallowing		☐ Discharge from penis
☐ Fainting	☐ Excessive hunger	☐ Double vision		☐ Sore on penis
□ Fever	☐ Excessive thirst	☐ Ear ache		☐ Ofher:
☐ Forgetfulness	☐ Gas	☐ Ear drainage		
☐ Headache	☐ Hemorrhoids	☐ Hay fever		WOMEN ONLY
☐ Loss of sleep	□ Indigestion	☐ Hoarseness		☐ Abnormal pap smear
☐ Loss of weight	☐ Nausea	☐ Loss of hearing☐ Nosebleeds		☐ Bleeding between periods
☐ Mood changes	☐ Rectal bleeding	☐ Persistent cough		☐ Breast lump
□ Nervousness	☐ Stomach pain	☐ Ringing in ears		☐ Extreme menstrual pain ☐ Heavy periods
☐ Numbness	☐ Vomiting ☐ Vomiting blood	☐ Seasonal allergies		☐ Hot flashes
☐ Sweats	LE Apiturità pioca	☐ Sinus problems		☐ Nipple discharge
MUSCLE/JOINT/BONE	GARDIOPULMONARY	☐ Vision—flashes		☐ Painful intercourse
pain, weakness, numbness in:	☐ Chest pain	□ Visionhalos		□ Vaginal discharge
□arms □back	☐ High blood pressure			□ Other:
□feet □hands	☐ Irregular heart beat	SKIN		
□hips □legs	☐ Low blood pressure	☐ Bruise easily		Last period:
□neck □shoulders	☐ Poor circulation	☐ Hives		
	☐ Rapid heart beat	☐ Itching		Are you pregnant:
GENITOURINARY	☐ Shortness of breath	☐ Change in moles ☐ Rash		Communit hinth control
☐ Blood in urine	☐ Swollen ankles	☐ Rasii ☐ Scars		Current birth control method:
☐ Frequent urination ☐ Lack of bladder control ☐ Rainful Urination	☐ Wheezing ☐ Varicose veins	☐ Sores that won't heal		metrod.
☐ Painful Urination	LI Valicose veills			Are you trying to become
				nregnant?
MEDICAL CONDITIONS: Check (/) conditions you have or have			ave or have ha	d in the past.
□ AIDS	☐ Debtession	TI UIA LOSITIAG		LI ESYGNACIO GALE
□ Alcoholism	□ Diabetes	☐ Kidney Disease		☐ Rheumatic Fever
□ Anem i a	□ Emphysema	☐ Liver Disease		☐ Scarlet Fever
□ Anorexia	□ Epìlepsy	☐ Lupus		☐ Seasonal Allergies
□ Appendicitis	☐ Fibromyalgia	☐ Measles	adaabaa	☐ STD ☐ Stroke
□ Arthritis	☐ Glaucoma ☐ Golter	☐ Migraine He ☐ Miscarriage	adadiles	☐ Suicide Attempt
☐ Asthma	☐ Gonorrhea	☐ Mononucleosis		☐ Thyroid Problem
□ Breast Lump □ Bronchitis	☐ Gout	☐ Multiple Sclerosis		☐ Tonsillitis
⊒ Bulimia	☐ Heart Disease	☐ Mumps		☐ Tuberculosis
☐ Cancer	☐ Hepatitis	☐ Pacemaker		☐ Typhoid Fever
⊒ Cataracts	☐ Hernia	□ Pneumonia		□ Ulcers
☐ Chemical Dependency	☐ Herpes	□ Polio		☐ Uterine Fibroids
□ Chicken Pox	☐ High Cholesterol	☐ Prostate Pro		□ Vaginal Infections
MEDICATIONS List medications you are currently taking ALLERGIES to medicines				
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