

OFFICE USE ONLY**CONFIDENTIAL MEDICAL HISTORY**

WT: _____ HT: _____
 RA: _____ LA: _____ LA: _____

NAME: _____
 DATE OF BIRTH: _____
 TODAY'S DATE: _____

CHIEF COMPLAINT

LIST THE PROBLEMS WHICH HAVE LED YOU TO SEEK MEDICAL HELP NOW AND APPROXIMATELY WHEN EACH BEGAN:

PROBLEM(S)	DATE OF ONSET

GENERAL HEALTH

DO YOU CONSIDER YOURSELF BASICALLY HEALTHY NOW? Y N HAVE YOU BEEN WELL MOST OF YOUR LIFE Y N
 WHEN DID YOU LAST FEEL WELL? _____
 HOW IS YOUR CURRENT OVERALL ENERGY LEVEL COMPARED WITH A YEAR AGO? INCREASED DECREASED ABOUT THE SAME
 HAS THERE BEEN A NET CHANGE IN YOUR WEIGHT IN THE PAST YEAR? (IF SO, INDICATE WEIGHT LOSS OR GAIN) _____
 DO YOU SLEEP WELL? Y N IF YES, HOW MANY HOURS PER NIGHT? _____
 HAVE YOU BEEN FOLLOWED BY A PHISCIAN ON A REGULAR BASIS? Y N : NAME & ADDRESS _____

WHAT DO YOU DO IN YOUR SPARE TIME? _____
 HOW MANY HOURS PER WEEK DO YOU WATCH TV? _____
 IN THE PAST YEAR HAS THERE BEEN ANY CHANGE IN YOUR: MARITAL STATUS? _____ WORK OR JOB? _____
 DRINKING HABITS? _____ SPARE TIME ACTIVITY? _____ RESIDENCE? _____ PHYSICAL ACTIVITY? _____
 DO YOU REGULARLY USE YOUR SEATBELT? Y N
 HAVE YOU BEEN HAVING FEVER LATELY? Y N

PAST MEDICAL AND SURGICAL HISTORY

LIST CHRONOLOGICALLY ALL THE SURGERY YOU HAVE HAD, INDICATING THE NATURE OF EACH OPERATION AND WHERE IT WAS DONE:

OPERATION	HOSPITAL & CITY	DATE

LIST CHRONOLOGICALLY ALL HOSPITALIZATIONS NOT ALREADY MENTIONED (DO NOT INCLUDE OBSTERICAL ADMISSIONS):

REASON FOR HOSPITALIZATION	HOSPITAL & CITY	DATE

HAVE YOU EVER BEEN SERIOUSLY ILL OTHERWISE? (IF SO, GIVE DETAILS) _____

 HAVE YOU EVER BEEN SERIOUSLY INJURED? (IF SO GIVE DETAILS) _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

THYROID DISEASE _____ ANEMIA _____ DIABETES _____ BLEEDING TENDENCY _____
 VENERIAL DISEASE _____ CANCER _____ ALCOHOLISM _____ DRUG DEPENDENCE _____
 BLOOD TRANSFUSION _____ AIDS _____ ANY OBSCURE OR UNUSUAL DISEASE _____

