GENERAL INFORMATION & MEDICAL HISTORY

To be completed by patient

Date:_____

Name:_____ Home Phone_____

Last First Initial

MEDICAL HISTORY: (Please check if you have any of the following. Explain any "yes" answers below.)

High blood pressure	☐	Gallbladder disease	☐	Chronic cough	☐
Heart disease	☐	Liver disease	☐	Asthma	☐
Rheumatic Fever	☐	Jaundice	☐	Allergies	☐
Chest pain	☐	Thyroid disease	☐	Phlebitis	☐
Irregular heart beat	☐	Kidney disease	☐	Dizziness	☐
Shortness of breath	☐	Arthritis	☐	Fainting	☐
Stroke	☐	Cancer	☐	Alcoholism	☐
Swelling of feet	☐	Anemic	☐	Drug Addiction	☐
Frequent headaches	☐	Low back pain	☐	Birth Defects	☐
Epilepsy	☐	Gout	☐	Known deformities	☐
Psychiatric illness	☐	Ulcers	☐	Hazardous activities	☐
Suicide attempt	☐	Constipation	☐	Other illness	☐
Depression	☐	Chronic diarrhea	☐	High cholesterol	☐

Explain: _____

_____

FAMILY HISTORY: (Parents/Brothers/Sisters)

Has anyone in your immediate family had:

☐ Diabetes_____	☐ Cancer_____	☐ Thyroid Disease_____
☐ Heart Disease_____	☐ High Blood Pressure_____	☐ Stroke_____
☐ Glaucoma_____	☐Alcoholism/Drug Abuse_____	☐Osteoporosis_____
☐ Arthritis_____	☐ High Cholesterol_____	☐ Other_____

HEALTH HABITS:

Do you smoke?_____ If yes, how many packs per day?_____ For how many years?_____

Do you drink alcohol?_____ If yes, how many drinks per week?_____

Do you exercise regularly?_____ Days per week_____ Do you eat a balanced diet?_____

Have you ever used laxative/diuretic/vomiting to control your weight?_____

Have you had sex in the last year?_____ # of partners _____ How long with current partner?_____

Method of birth control_____

Have you been in a relationship where you were threatened or hurt?_____

Do you have any sexual concerns?_____

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

GYN HISTORY:

Age at onset_____ Date of last period_____ Hysterectomy?_____ On Hormone Replacement?_____

Are your periods regular?_____ Duration of flow_____ (days) _____ STD's_____

SURGICAL HISTORY: (list all operations and dates)_____

_____

_____

_____