

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Your Health History

### Cardiology

- Abdominal Aortic Aneurysm
- Anemia (Low Blood Counts)
- Angina (chest pain)
- Aortic Stenosis
- Atrial Fibrillation (A-fib)
- Blood Clot/DVT
- Carotid Stenosis
- Congestive Heart Failure
- Coronary Artery Disease
- Heart Attack/MI
- Hypertension (high blood pressure)
- High Cholesterol
- Mini Strokes
- Pacemaker
- Pulmonary Embolism (clot in lungs)
- Stroke
- TIA
- Valve disease/replacement
- Other heart problems \_\_\_\_\_

### Dermatology (skin)

- Abscess
- Acne
- Eczema
- Melanoma
- Psoriasis
- Skin Cancer
- Other skin problems \_\_\_\_\_

### Endocrine

- Type 1 Diabetes
- Type 2 Diabetes
- Diabetic Neuropathy
- Gout
- High Blood Sugars
- Hyperthyroid
- Hypothyroid
- Thyroid Problems
- Other Endocrine Problems \_\_\_\_\_

### GI (Stomach/Bowel)

- Appendicitis
- Cirrhosis of the Liver
- Colon Cancer
- Crohn's Disease
- Diverticulitis/Diverticulosis
- Gallstones
- GERD (Acid Reflux)
- Hiatal Hernia
- Irritable Bowel Syndrome
- Liver Disease
- Pancreatitis
- Peptic Ulcer Disease
- Stomach Ulcers
- Ulcerative Colitis
- Other Stomach Problems \_\_\_\_\_

### GU (Bladder/Prostate)

- Benign Prostatic Hyperplasia  
(enlarged prostate)
- Epididymitis
- Erectile Dysfunction
- Prostate Cancer
- Prostatitis
- Sexually Transmitted Diseases
- Testicular Problems
- Other GU Problems \_\_\_\_\_

### Head, Eyes, Ears, Nose & Throat

- Allergic Rhinitis
- Allergies/Hay Fever
- Cataracts
- Glaucoma
- Hearing Deficits
- Vision Deficits
- Other \_\_\_\_\_

**Infectious Disease**

- Hepatitis
  - HIV/AIDS
  - Syphilis
  - Tuberculosis (TB)
  - Other Infectious Diseases \_\_\_\_\_
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**Musculoskeletal (Bones and Joints)**

- Osteoarthritis
  - Osteopenia (Bone Loss)
  - Osteoporosis
  - Rheumatoid Arthritis
  - Rotator Cuff Tear
  - Other Bone or Joint Problems \_\_\_\_\_
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**Neurology/Psychiatry**

- ADD/ADHD
  - Alcohol Abuse
  - Alzheimer's/Dementia
  - Anxiety
  - Autism
  - Depression
  - Bipolar Disorder (Manic Depression)
  - Brain Cancer/Tumor
  - Eating Disorder
  - Fibromyalgia
  - Headaches/Migraines
  - Parkinson's Disease
  - Schizophrenia
  - Seizures
  - Substance Abuse
  - Other Neurological/Psychiatric Problems \_\_\_\_\_
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**Renal (Kidneys)**

- Dialysis
  - End Stage Renal Disease
  - Kidney Cancer
  - Nephrotic Syndrome
  - Renal Failure/Insufficiency
  - Other Kidney Problems \_\_\_\_\_
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**Respiratory (Lungs)**

- Asthma
  - COPD (Emphysema/  
Chronic bronchitis)
  - CPAP (Sleep Machine)
  - Lung Cancer
  - Sleep Apnea
  - Other Lung Problems \_\_\_\_\_
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**Hematology/Oncology**

- Anemia
  - Any Cancer  
What Kind? \_\_\_\_\_
  - Clotting Disorders (Hemophilia, etc)
  - Sickle Cell Anemia
  - Other \_\_\_\_\_
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**Women's Health**

Age at first menstrual cycle \_\_\_\_\_

First Day of Last Period \_\_\_\_\_

Number of Pregnancies \_\_\_\_\_

Number of Live Births \_\_\_\_\_

Age at Menopause \_\_\_\_\_

Date of Last Mammogram \_\_\_\_\_

Date of Last Pap Smear \_\_\_\_\_

Was last Pap Smear normal? \_\_\_\_\_

**Health and Disease Maintenance****When was your last:**

Colonoscopy \_\_\_\_\_

Prostate Exam \_\_\_\_\_

PSA (Prostate Blood Test) \_\_\_\_\_

Flu Shot \_\_\_\_\_

Pneumonia Shot \_\_\_\_\_

Bone Density Test \_\_\_\_\_

**Surgical History**

Please list all surgeries and dates, if possible. Include childhood procedures and biopsies.

**Procedure:**

**Date:**

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**Social History:**

1. Do you drink alcohol? Y / N

What kind?

How much? Daily / Occasionally/ Socially

2. Do you use illicit drugs? (Street drugs or anything not prescribed to you) Y / N

If yes, what kind?

3. Do you use tobacco? Y / N

What kind? Smokeless / Cigarettes / E-Cigarettes

How much (packs per day)?

How long have you smoked?

Have you quit? Y / N How long ago? \_\_\_\_\_

**Family History:**

Please list family medical conditions for immediate family (mom, dad, brothers/sisters, grandparents). List the condition and who has the condition.

Examples: Heart Disease, Stroke, Heart Attack, Cancer, Diabetes, Kidney Failure, Autoimmune Diseases, etc.

Disease:

Family Member(s):

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