

PATIENT HEALTH HISTORY

Patient's full name _____ Date of Birth: _____ Today's Date _____

Reason for this appointment _____

ALLERGY DRUG/ENVIRONMENTAL	REACTION

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED BY:

PAST SURGICAL HISTORY: List and date **ALL** previous surgeries:

<u>SURGERY</u>	<u>DATE PERFORMED</u>	<u>SURGERY</u>	<u>DATE PERFORMED</u>
<i>(Females only)</i> Tubal Ligation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

All Other Providers Seen by Patient	Reason

YOUR SOCIAL HISTORY:

Marital Status: Single Married Separated Divorced Widowed
 Do you have children? Yes No How many _____
 Do you drink alcohol? Yes No If yes, how many drinks/day? _____
 Do you use tobacco? Yes No Type? _____ Amount? _____ Years used? _____
 Used tobacco previously? Yes No Type? _____ Amount? _____ Years used? _____
 Do you use recreational drugs? Yes No
 Do you drink caffeinated beverages? Yes No Quantity per day? _____
 Are you sexually active? Yes No Male Female Both

NAME: «PatientFullName»

DATE OF BIRTH: «PatientDOB»

DATE: «CurrentDate»

YOUR PAST MEDICAL HISTORY

Place checkmark next to all that apply

Cancer

Type: _____

Cardiovascular

- Atrial Fibrillation
- Congestive Heart Failure
- Coronary Artery Disease
- Hypertension
-
- Chest Pain
- History of angioplasty/stents
- Heart Murmur
- Elevated Cholesterol
- Myocardial Infarction

Endocrine

- Diabetes Mellitus Type 1 Type 2
Date diagnosed _____
- Hyperthyroid
- Hypothyroid

Gastrointestinal

- Crohn's /Ulcerative Colitis
- Diverticulitis
- GERD/Reflux
- Hepatitis B Hepatitis C
- Hernia
- Stomach ulcer

Genitourinary

- AIDS/HIV
- Bladder Cancer
- BPH
- Dysuria/Painful urination
- Elevated PSA
- Enuresis (Bed wetting)
- Epididymitis
- Hematuria (blood in urine)
- Herpes
- Human PapillomaVirus (HPV)

Genitourinary (con't)

- Hydrocele
- Hydronephrosis
- Hypotonic bladder
- Hypogonadism
- Impotence
- Incomplete emptying of bladder
- Incontinence
- Interstitial Cystitis
- Kidney Cancer
- Kidney Disease
- Kidney Stones
- Microhematuria
- Nocturia
- Peyronie's Disease
- Phimosis
- Polycystic kidney(s)
- Polyuria
- Prostate Cancer
- Prostate – Enlarged
- Prostate Nodule
- Prostatitis
- Recurrent UTI
- Renal Failure
- Renal Mass
- Spermatocele
- Testicular cancer
- Urethra Stricture
- Urinary frequency
- Urinary hesitancy
- Urinary retention
- Urinary urgency
- Urinary weak stream
- Urinary tract infection (UTI)
- Varicocele

HEENT

- Blindness
- Cataracts
- Deafness
- Glaucoma
- Macular Degeneration

Respiratory

- Asthma
- Bronchitis
- COPD
- Pulmonary emboli
- Sleep Apnea

Musculoskeletal

- Arthritis
- Fibromyalgia
- Chronic low back pain

Radiation/Chemotherapy

- History of radiation?
- History of chemotherapy

Neuro/Psych

- Alzheimer's Disease
- Anxiety
- Bipolar
- Dementia
- Depression
- Multiple Sclerosis
- Parkinson's
- Polio
- Seizures
- Spinal cord injury
- Stroke/CVA Date occurred? _____

Other/Dates: _____

YOUR OB/GYN HISTORY:

Last menstrual period _____ Do you have regular periods? Yes/No Age of menopause: _____

Pregnant Now: Yes No Number of pregnancies: _____

Number of deliveries: _____ Vaginal C-Section

YOUR FAMILY HISTORY:

Does anyone in your family have the following conditions? Adopted

If you are **not** adopted, indicate if father, mother, aunt, uncle, brother, sister, grandfather, or grandmother

Bladder cancer _____

Kidney Stones _____

Breast cancer _____

Kidney cancer _____

Other cancer (what type?) _____

Prostate cancer _____

Cervical/ Female cancer (what type?) _____

Testicular Cancer _____