

# HEALTH HISTORY

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

Please Check All That Apply & Provide Details Below

<b><u>Neurological</u></b>		<b><u>Gastrointestinal</u></b>		<b><u>Emotional</u></b>	
Concussion/Head Injury		Appendectomy		ADHD/ADD	
Dizzy Spells/Fainting		Inflammatory Bowel Disease		Recurrent Anxiety	
Headaches/Migraines		Gallstones		Anorexia/Bulimia	
Insomnia		Hepatitis		Relationship Violence	
Seizure Disorder		Irritable Bowel Syndrome		Recurrent Depression	
<b><u>Eyes, Ears, Nose &amp; Throat</u></b>		Ulcers		Bipolar Disorder	
Blindness		<b><u>Musculoskeletal</u></b>		Panic Attacks	
Color Blindness		Knee Problems		<b><u>Infectious Disease</u></b>	
Double Vision		Back Problems		Chicken Pox	
Injury/Disease		Fractures		Measles/ German Measles/Mumps	
Deafness/Hearing Aid		Arthritis/Painful Joints		Hepatitis	
Recurrent Strep Throat		<b><u>Genitourinary</u></b>		Mononucleosis	
Recurrent Ear Infections		Kidney/Bladder Infections		Malaria	
Recurrent Nose Bleeds		Kidney Stones		Meningitis	
Recurrent Sinusitis		Painful Urination		Rheumatic Fever	
Tonsillectomy		Date of Last Pap Smear		Scarlet Fever	
Swollen Glands		Results of Pap Smear		TB/Positive PPD Skin Test	
<b><u>Cardiac &amp; Respiratory</u></b>		Gynecological Condition		Whooping Cough	
Palpitations		BCPs		<b><u>Hematological</u></b>	
Chest Pain		<b><u>Endocrine</u></b>		Anemia	
Heart Murmur		Diabetes		Sickle Cell Trait or Disease	
High Blood Pressure		Thyroid Disease		Cancer	
Bronchitis		<b><u>Habits</u></b>		<b><u>Other</u></b>	
Asthma		Alcohol		Serious Accident /Injury	
Pneumonia		Tobacco/ Chewing Tobacco		Serious Illness	
Shortness of Breath		Drugs/ Anabolic Steroids		Hospitalizations/Operations	

Specific Details: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

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