Health History 2

Name: _____ **Date:**_____ **DOB:**_____

Past Medical History: Please check all that apply to you.
[ ] Arthritis [ ] Epilepsy/Seizures [ ] Psychiatric Conditions [ ] Cancer [ ] Heart Problems

[ ] Stroke [ ] Depression [ ] Thyroid [ ] Diabetes [ ] High Blood Pressure [ ] Other _____

Previous Surgeries: Please list past surgeries with approximate date:

_____

_____

_____

Serious Injuries/Accidents:

_____

_____

_____

Medications: Please list any medications you are taking with dose:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Allergies: Please list any allergies you may have.

_____

_____

_____

Are you allergic to any medications? [ ] yes [ ] no

Family History: Do you know any blood relatives who have or has:

[ ] Asthma
[ ] father [ ] mother [ ] sibling

[ ] Aneurysm
[ ] father [ ] mother [ ] sibling

[ ] Brain Tumor
[ ] father [ ] mother [ ] sibling

[ ] Cancer, type:
[ ] father [ ] mother [ ] sibling

[ ] Diabetes
[ ] father [ ] mother [ ] sibling

[ ] Epilepsy/Seizures
[ ] father [ ] mother [ ] sibling

[ ] Headaches
[ ] father [ ] mother [ ] sibling

[ ] Heart Problems
[ ] father [ ] mother [ ] sibling

[ ] High Blood Pressure
[ ] father [ ] mother [ ] sibling

[ ] Kidney Disease
[ ] father [ ] mother [ ] sibling

[ ] Lung Disease
[ ] father [ ] mother [ ] sibling

[ ] Migraines
[ ] father [ ] mother [ ] sibling

[ ] Multiple Sclerosis
[ ] father [ ] mother [ ] sibling

[ ] Psychiatric Conditions
[ ] father [ ] mother [ ] sibling

[ ] Stroke
[ ] father [ ] mother [ ] sibling

[ ] Thyroid
[ ] father [ ] mother [ ] sibling

[ ] None

Social History:

Do you smoke? [ ] yes [ ] no How many smokes per day?_____ Past smoker [ ] yes [ ] no
Do you drink alcohol? [ ] yes [ ] no If yes, [ ] daily [ ] multiple times/week [ ] on occation
Do you consume caffeine? [ ] yes [ ] no How many cups per week? _____
Do you use recreation drugs? [ ] yes [ ] no
Are you on a special diet? [ ] yes [ ] no _____
Do you exercise regularly? [ ] yes [ ] no

Doctors signature _____

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