MEDICAL HISTORY

GENERAL			HEAD/NECK			CARDIOVASCULAR/RESPIRATORY		
(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO
Weight Loss	☐	☐	Headaches (severe)	☐	☐	Chest Pain/Discomfort	☐	☐
Weight Gain	☐	☐	Vision Change	☐	☐	Shortness of Breath	☐	☐
Fever/Chills	☐	☐	Contacts/Glasses	☐	☐	Palpitation	☐	☐
Fatigue	☐	☐	Hearing Loss	☐	☐	High Blood Pressure	☐	☐
Heat/Cold Intolerance	☐	☐	Ringing In Ears	☐	☐	Heart Murmur	☐	☐
Bleeding Tendencies	☐	☐	Earaches/Pain	☐	☐	Coughing Up Blood	☐	☐
Anemia	☐	☐	Sinus Congestion	☐	☐	Chronic Cough	☐	☐
Cancer/Tumor	☐	☐	Pain Swallowing	☐	☐	Wheezing	☐	☐
Date of Last TB Skin Test			Nosebleeds	☐	☐	Swollen Feet/Ankles	☐	☐
Positive	☐	☐	Dental Problems	☐	☐	Varicose Veins	☐	☐
Negative	☐	☐	Swollen Glands	☐	☐	Leg Cramps	☐	☐
			Glaucoma	☐	☐	Heart Disease	☐	☐
DIGESTIVE SYSTEM			Thyroid Disease	☐	☐	Lung Disease	☐	☐
(Check each item)	YES	NO				Asthma	☐	☐
Nausea	☐	☐	URINARY SYSTEM			Stroke	☐	☐
Vomiting	☐	☐	(Check each item)	YES	NO	MUSCULOSKELETAL SYSTEM		
Vomiting Blood	☐	☐	Pain/Burning on Urination	☐	☐	(Check each item)	YES	NO
Abdominal Pain	☐	☐	Blood in Urine	☐	☐	Back Pain Injury	☐	☐
Difficulty Swallowing	☐	☐	Urination During Night	☐	☐	Bone or Joint Pain	☐	☐
Change in Eating or Bowel Habits	☐	☐	Poor Urinary Stream	☐	☐	Swelling	☐	☐
Stool: Black / Bloody	☐	☐	Discharge	☐	☐	Deformity	☐	☐
Liver Disease	☐	☐	Swelling/Lump in Testicles	☐	☐	Arthritis	☐	☐
Kidney Disease	☐	☐	Testicular Self-Exam	☐	☐	SKIN		
Ulcers	☐	☐	Prostate Problem	☐	☐	(Check each item)	YES	NO
Diabetes	☐	☐	Hernia	☐	☐	Mole	☐	☐
						Changes	☐	☐
NERVOUS SYSTEM			BREAST/GYNE			Rash	☐	☐
(Check each item)	YES	NO	(Check each item)	YES	NO	Masses	☐	☐
Loss of Consciousness	☐	☐	Breast Lump/Discharge	☐	☐	Leg Ulcer	☐	☐
Loss of Coordination	☐	☐	Date of Last Mammogram			PSYCHIATRIC		
Seizures	☐	☐	Severe Menstrual Cramps	☐	☐	(Check each item)	YES	NO
Dizziness	☐	☐	Abnormal Bleeding	☐	☐	Behavior Change	☐	☐
Memory Problems	☐	☐	Discharge (vaginal)	☐	☐	Treatment Therapy	☐	☐
Numbness	☐	☐	Abnormal PAP	☐	☐	Alcoholism	☐	☐
Weakness	☐	☐	Date of Last Pelvic PAP			Drug Abuse	☐	☐
			Last Menstrual Period			Nervous Breakdown	☐	☐