HEALTH SUMMARY

Patient name (please PRINT):				DOB:				
		ALLERGIES	NON	E:				
		T						
Wh	at medic	MEDICATIONS cations are you taking (including birth control	pills, herba	NE: als, vitam	ins, dieta	ry supplements, and over-the counter)?		
		PRESENT	HEALTH C	CONDITIO	<u>ONS</u>			
/ES	NO	DISEASE	PO.	YES	NO	DISEASE		
		Irregular Heart Beat				Prostate Problems		
		Congestive Heart Failure	Maria.			Gout		
		Heart Attack		1		Arthritis		
		Heart Murmur				Skin Disease, Type:		
		Rheumatic Fever				Stroke		
		High Cholesterol		1		Epilepsy/Seizures		
		High Blood Pressure				Diabetes/High Blood Sugar		
		Asthma				Thyroid Problems – too high or too low		
		Emphysema/Chronic Bronchitis				Anemia/Low Blood		
		Blood Clot in Lung				Bleeding Problems, Type:		
		Blood Clot in Leg				Blood Transfusion		
		Tuberculosis		4		Cancer, Type:		
		Gallstones				Anxiety		
		Liver Disease, Type:	573			Depression		
		Ulcers in Bowel/Stomach	PASSA.	1		Glaucoma		
		Bleeding from Bowels		1		Other:		
		Kidney Disease, Type:						
		Kidney Stones		8				
		Š	SURGERIE	<u>ES</u>				
'ES	NO	DISEASE		YES	NO	DISEASE		
		Cataract Surgery, Left Right				Joint Replacement of Knee / Hip		
		Tonsils Removed		and a		Back Disc Surgery		
		Neck Artery Surgery		1		Prostate Surgery		
		Open Heart Surgery/Catheterization				Hernia Surgery		
		Appendectomy				Vasectomy		
		Gallbladder Removal				Hysterectomy		
		Abdominal Surgery				Other:		
		Broken Bone Repair						
		Joint Coope Surgery	7					

FAMILY HISTORY

YES	NO	DISEASE	RELATION TO YOU	YES	NO	DISEASE	RELATION TO YOU
		Heart Attack				Bleeding Problems	
		High Blood Pressure				Sickle Cell Anemia	
		High Cholesterol				Diabetes/High Blood Sugar	
		Asthma				Thyroid Problems	
		Tuberculosis				Cancer, Type:	
		Liver Disease		4		Cancer, Type:	
		Kidney Disease				Alcohol Abuse	
		Gout / Arthritis				Anxiety or Depression	
		Osteoporosis				Glaucoma	
		Stroke				Other:	
		Epilepsy / Seizures					
			OTHE	R HISTORY	e		
xerci	ise:	□ Never □ Rare	ely 🚨 Other:			4	
Vhen	was v	our last: Tetanus	, (Never) / H	epatitis B		, (Never) / Pneumova	x, (Never)
	nuoveen ee 🍱	Flu shot	, (Never)			Tention & to the second	
	ina:						
moki		ou ever smoked: \(\Pi \text{ Yes}	□ No How m	nany years	did you	smoke? When	n did you quit?
H	lave yo	dever smoked 103	a no nown				
H	lave yo	any packs per day do you s	smoke now?	Do you u	se smo	okeless tobacco:	□ No
Smoki H H	lave yo	any packs per day do you s	smoke now?	Do you u	se smo	okeless tobacco:	□ No
H:	low ma	any packs per day do you s	smoke now?	Do you u	se smo	okeless tobacco:	□ No
H: He	ollowii	any packs per day do you s	smoke now?	Do you u	se smo	okeless tobacco:	□ No
he fo	ollowin	any packs per day do you s ng questions are very im gs:	portant and strictly confi	Do you u	se smo	nswer them accurately.	□ No
H: He The fo	ollowin ol/Drug ol/Pres	ng questions are very imgs: No Do you drink?	portant and strictly confi	Do you u dential. Plo	ease a	nswer them accurately.	
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Date

Physician's Initial

Date

Patient/Guardian Signature