

I 693 Health History Form - Allcare Medical Clinic

148 Park Ave North, Renton, WA 98057

Name _____ Date of Birth _____

Current Medications:

Allergies:

Previous hospitalizations for physical or mental health problems: (include dates of admission, diagnosis and current status)

Past & Current institutionalization for chronic conditions (physical or mental): (include dates of admission, diagnosis and current status)

Have you ever had?	Yes	No	Have you ever had?	Yes	No
Chancroid			Positive TB skin test or TB on chest X-ray		
Chronic alcoholism			Insanity including prior attacks of insanity		
Gonorrhea			Mental disease, defect or disability		
Granuloma Inguinale			Mental Retardation		
Hansen's Disease (Leprosy)			Narcotic (or other) drug addiction/abuse		
HIV infection (AIDS)			Psychopathic Personality		
Lymphogranuloma Venereum			Sexual Deviation		
Syphilis			Harmful or Destructive Behavior		
Tuberculosis (TB)			Other (describe below)		

Other diseases or disabilities not listed above:

Social History: Do you smoke? (Circle one): YES or NO Quit _____ (if yes, how many packs/day? _____)
Alcohol use? (Circle one): YES or NO Quit _____ (if yes, how many drinks/week? _____)

Have you ever had history of harmful or destructive behavior resulting in an injury to (or threat to the health & safety of) yourself or others or damage to one's property?

YES or NO (if yes, please explain)

Review of systems: (circle if yes)

Chest pain, shortness of breath, heart palpitation, chronic cough, coughing up blood, swelling of legs, frequent infection, weight loss (unexplained), weakness, severe disabling headaches, fainting, double vision, muscle paralysis, arthritis, depression, abnormal mood swings, destructive behavior, genital sores, genital discharge, swollen glands

List other symptoms on this line _____

Immunization Records: Please provide your immunization records to the doctor when asked.

Patient or Guardian's Signature: _____ Date: _____

Physician's comments & review

_____ Doctor's Signature: _____ Date: _____