PATIENT HEALTH HISTORY

PLEASE CHECK ALL THAT APPLY

- o APPENDICITIS
- o SCARLETT FEVER
- o DIPTHERIA
- o TYPHOID FEVER
- o PNEUMONIA
- o MUMPS
- o MALARIA
- o DIABETES
- o CANCER

- o ANEMIA
- o MEASLES
- o POLIO
- o CHICKEN POX
- o TUBERCULOSIS
- o WHOOPING COUGH
- o HEART DISEASE
- o GOITER

- o RHEUMATIC FEVER
- o ALCOHOLISM
- o VENEREAL DISEASE
- o ARTHRITIS
- o EPILEPSY
- o MENTAL DISORDERS
- o H.I.V POSITIVE
- o A.I.D.S

PLEASE CHECK ALL THAT APPLY

- o LOW BACK PAIN
- o MID BACK PAIN
- o NECK PAIN
- o ARM AND/OR LEG PAIN
- o DIFFICULTY WALKING
- o JAW PAIN
- o HEADACHES/ MIGRAINES

- o NUMBNESS
- o PARALYSIS
- o DIZZINESS
- o DEPRESSION
- o FAINTING
- o TINGLING EXTREMITIES

- o ALLERGIES
- o POOR/EXCESSIVE SLEEP
- o FEVER
- o DIFFICULTY CHEWING

- o POOR/EXCESSIVE APPETITE
- o EXCESSIVE THIRST
- o DIARRHEA/CONSTIPATION
- o BLADDER PROBLEMS
- o PAINFUL URINATION
- o DISCOLORED URINE

- o CHEST PAIN
- o SHORTNESS OF BREATH
- o BLOOD PRESSURE HIGH LOW

- o HEART PROBLEMS
- o VERICOSE VEINS
- o ANKLE SWELLING

- o VISION PROBLEMS
- o DENTAL PROBLEMS
- o SORE THROAT
- o EARACHE RIGHT LEFT
- o DIFFICULTY HEARING
- o SINUS PROBLEMS

- o PROSTATE PROBLEMS
- o SEXUAL DYSFUNCTION
- o MENSTRUAL IRREGULARITY
- o PREGNANT? YES NO
  DUE DATE: _____
- o VAGINAL PAIN/INFECTIONS
- o BREAST PAIN/ LUMPS