

**Health History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name:** |  | **First name:** |  | **DOB:** |  |

**Reason for your visit today:**

|  |
| --- |
|  |
|  |
|  |

**Personal Medical History**

**Constitutional** *e.g., fever, heat stroke, weight loss, weight gain, unusually tired, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Ear/Nose/Throat** *e.g., hard of hearing, stuffy nose, earache, cough, dry mouth, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Heart (Cardiovascular)** *e.g., high blood pressure, racing pulse, chest pain, unable to exercise, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Lungs (Respiratory)** *e.g., congestion, wheezing, shortness of breath, productive or bloody cough, asthma, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Digestion (Gastrointestinal)** *e.g., stomach upset, diarrhea, constipation, hernia, ulcers, pain/cramps, acid reflux, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Muscles and bones (Musculoskeletal)** *e.g., muscle pain/cramps, joint pain swelling, stiffness, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Urological** *e.g., painful or frequent urination, burning, impotence, incontinence, infections, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Gynecological** *e.g., pregnancies, menstrual problems, ovarian and uterine conditions, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Breast** *e.g., cysts, fibroids, pain, numbness, lumps, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.

**Neurological** *e.g., numbness, weakness, headaches, paralysis, seizures, tremors, tingling, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Psychiatric** *e.g., depression, anxiety, mood swings, insomnia, hallucinations, disorientation, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Blood/Lymphatic** *e.g., high cholesterol, anemia, blood disorders, leukemia, prolonged bleeding, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Skin** *e.g., itching, rash, infection, ulcer, tumors or growths, warts, excessive dryness, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Cancer**

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Allergic/Immunologic** *e.g., recurrent infections, hay fever, food allergy, drug sensitivity, hives, redness, itching, etc*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Hormones (Endocrine)** *e.g., diabetes, thyroid problems, fatigue, hair loss, hot/cold intolerance, etc.*

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**IF DIABETIC:**

|  |  |
| --- | --- |
| **Doctor and contact information:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of diagnosis:** |  | **Result/Time of last blood sugar:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last hemoglobin A1C:** |  | **Treatments:** |  |

**Major illnesses/Hospitalizations**

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Surgeries**

Yes  No

|  |  |
| --- | --- |
| Comments: |  |

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.

**Family History**  
*(Parents, Siblings, or Grandparents only)*

|  |  |
| --- | --- |
| **[Insert specific history relevant to your specialty]** | |
|  |  |
| **Systemic Disease** | |
| Diabetes  Cancer  Heart disease | Hypertension  Arthritis  Other: |

**PERSONAL SOCIAL HISTORY**

|  |  |
| --- | --- |
| **Marital status:** |  |

|  |  |
| --- | --- |
| **Living arrangements:** |  |

**Have you been exposed to venereal disease/sexually transmitted infection?**

Yes  No

**Are you pregnant?**

Yes  No

|  |  |
| --- | --- |
| **Occupation(s):** |  |

**Occupational exposure:**

Yes  No

**Recent travel:**

Yes  No

**Tobacco use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Never | Current everyday use | Current intermittent use | Former use | Status unknown | Other: |  |

**Alcohol use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Never | Current everyday use | Current intermittent use | Former use | Status unknown | Other: |  |

**Recreational drug use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Never | Current everyday use | Current intermittent use | Former use | Status unknown | Other: |  |

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.

**Medications:** *List ALL medications you are CURRENTLY taking. (Include all herbals, vitamins and supplements)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Dose** | **Frequency** | **Other information** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IF MEDICATION LIST GOES BEYOND THE SPACE PROVIDED, THEN PLEASE ATTACH A SEPARATE SHEET**

**Allergies:** Please list ALL allergies

|  |  |  |  |
| --- | --- | --- | --- |
| **Allergy** | **Severity** | **Reaction** | **Treatment Information** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Preferred pharmacy:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Pharmacy Location Number** | **Address** | **Phone Number** | **Fax Number** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **Printed name** |  |

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.