# PATIENT HISTORY

**Patient Name**: _____ **Chart Number:** _____ **Visit date**: _____

**Referring Physician:** _____ **Family Physician:** _____

**CHIEF COMPLAINT:** _____ **Start date:** _____

## PROBLEMS:

☐Aids
☐Arthritis
☐Asthma
Cancer: Type
☐Breast ☐Colon
☐Stomach ☐Lung
☐Hodgkin's ☐Non-Hodgkin
☐Melanoma ☐Skin
☐Other_____
☐Colon polyps - history
☐Congestive heart failure
☐Deafness/hard of hearing
☐Diabetes insulin (Type I)
☐Diabetes non-insulin (Type II)
☐Diverticulosis
☐Emphysema/COPD
☐Fibrocystic disease
☐GERD/Reflux
☐Heart disease/attack _____
☐Hepatitis ☐A ☐B ☐C
☐Hernia _____
☐High blood pressure
☐High cholesterol
☐History of blood clots
☐History of staph/MRSA
☐Iron deficiency anemia
☐Mitral valve prolapse
☐Past blood transfusion
☐Peptic ulcer disease
☐Peripheral vascular disease
☐Renal failure
☐Seizure disorder
☐Spastic colon/IBS
☐Stroke
☐Thyroid disease
☐Visual loss/glasses
☐**NONE** Other:_____

## ALLERGIES:

☐Ancef ☐Codeine ☐Demerol ☐Iodine ☐Morphine ☐Erythromycin ☐Penicillin ☐Tape
☐Aspirin ☐**CONTRAST DYE** ☐**LATEX** ☐Lortab ☐Motrin/Ibuprofen ☐Sulfa ☐Shrimp
☐**NONE** Other**:**_____

## MEDICATIONS: See attached

## PAST MEDICAL HISTORY: Resolved problems _____

## PAST SURGICAL HISTORY:

☐Appendectomy ☐Lap ☐Open
☐Breast ☐Augmentation ☐Reduction
☐Breast biopsy ☐R ☐L
☐Carotid Surgery ☐R ☐L
☐Colon Surgery
☐Resection ☐Colostomy ☐Reversal
☐Colonoscopy ☐Polypectomy
☐EGD ☐Dilatation ☐Bravo
☐Gallbladder ☐Lap ☐Open
☐**NONE**

Heart Surgery
☐Angioplasty ☐CABG ☐Pacemaker
☐Stent ☐Valve
☐Hemorrhoidectomy
☐ Hernia repair ☐Lap ☐Open
Type: _____
☐Hip/knee/shoulder-Total ☐R ☐L
☐Hip/knee/shoulder-Scope ☐R ☐L
☐Hysterectomy ☐Abd ☐Vag ☐BSO
Lung Surgery ☐ Lobe ☐Entire Lung

☐Mastectomy ☐R ☐L
☐Nissen ☐Lap ☐Open
☐Pilonidal Cyst
☐Spine ☐Lumbar ☐Neck
☐Splenectomy
☐Thyroidectomy
☐Tonsils and adenoids
☐Tubal ligation

Other:_____

## FAMILY HISTORY:

| **Disease** | **Mother** | **Father** | **Sis** | **Bro** | **GM** | **GF** | **Maternal / Paternal** | |
|---|---|---|---|---|---|---|---|---|
| Cancer: Type | | | | | | | | |
| Breast | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Colon | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lung | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Skin | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Unknown | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Diabetes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Heart disease | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hemophilia | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hypertension | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Renal failure | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| TB | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Other _____ Relationship _____
☐Negative (No pertinent family history) Initials: _____

## SOCIAL HISTORY:

1. Do you currently drink alcohol? ☐Y ☐N
   Beer / Wine / Liquor / other _____
   How frequently? _____
2. If no, past alcohol use? ☐Y ☐N
   How frequently? _____
3. Do you currently use tobacco? ☐Y ☐N
   Cigarette / Cigar / Oral / Pipe / Snuff
   How many per day _____ Years_____
   Previous treatments _____
   Ready to change _____
4. If no, past tobacco user? ☐Y ☐N
   How many per day _____ Years_____
   Number of years quit _____
5. Do you use illicit drugs? ☐Y ☐N
   What drug? _____
   How frequently? _____