

## MEDICAL HISTORY

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                     First                                    Middle                                    Last

New Concerns: \_\_\_\_\_  
 \_\_\_\_\_

**RECENT HOSPITALIZATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL HISTORY:**

Hypertension _____	High cholesterol _____	Heart attack/failure _____
Stroke/TIA _____	Diabetes _____	Neck/Back pain _____
Headaches _____	Arthritis _____	GERD/heartburn _____
Gout _____	Breast/Prostate _____	STDs/Herpes/HIV _____
Cancer _____	Anxiety/Depression _____	Recreational drug use _____
Other _____		

**SURGICAL HISTORY:**

Eye surgery _____	Dental surgery _____	Skin surgery _____
Neck surgery _____	Cosmetic surgery _____	Neck/Back _____
Other: _____		

**FAMILY HISTORY** (F = Father, M = Mother, S = Sister(s) and B = Brother(s))

Hypertension _____	High cholesterol _____	Heart attack/failure _____
Stroke/TIA _____	Diabetes _____	Neck/Back pain _____
Headaches _____	Arthritis _____	GERD/heartburn _____
Gout _____	Breast/Prostate _____	STDs/Herpes/HIV _____
Cancer _____	Anxiety/Depression _____	Recreational drug use _____
Other _____		

**SOCIAL HISTORY:**

What kind of home:   Single-family home   Apartment/Condo   Trailer   Homeless

How many stairs to entry: \_\_\_\_\_

Any handrails/ramps: \_\_\_\_\_

Any equipment in the home   Wheelchair   Cane   Shower chair   Bathroom bars

Any tobacco products: \_\_\_\_\_ Start/How much \_\_\_\_\_

Any caffeine products: \_\_\_\_\_ Start/How much \_\_\_\_\_

Any recreational products: \_\_\_\_\_ Start/How much \_\_\_\_\_

Any alcohol: \_\_\_\_\_ Start/How much \_\_\_\_\_

Any sexual activity: \_\_\_\_\_ Start/How much \_\_\_\_\_