

## MEDICAL HISTORY

**PERSONAL HISTORY:**

Date: - -

Name: \_\_\_\_\_ Birth date: - -

Home Phone: ( ) Work Phone: ( )

Occupation: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Shift Work: Y N

How long have you performed this type of work: \_\_\_\_\_ Education Level: \_\_\_\_\_

If applicable, college degree(s), year and field: \_\_\_\_\_

Marital Status: S M W D Cohabiting Spouse or significant other's name: \_\_\_\_\_

Number of children: \_\_\_\_\_ List the year(s) of their birth(s): \_\_\_\_\_

Recreation or Hobbies: \_\_\_\_\_

Exercise (Frequency and Duration): \_\_\_\_\_

Sleep: hrs/night \_\_\_\_\_ Quality: Poor Fair Good Excellent

Do you take sleeping aids: Y N Type: \_\_\_\_\_

**HABITS:**

Average amount per day or week of the following: (of if quit, when):

No Yes Quit Caffeine (type): \_\_\_\_\_

No Yes Quit Recreational Drugs: \_\_\_\_\_

If yes, any IV use in the past: No Yes

No Yes Quit Alcohol (type): \_\_\_\_\_

No Yes Quit Tobacco (type): \_\_\_\_\_

Age started using tobacco: \_\_\_\_\_

**PAST MEDICAL HISTORY:**

Have you ever had:

			Year				Year
Anemia	Yes	No	_____	Hepatitis (yellow jaundice)	Yes	No	_____
Arthritis	Yes	No	_____	High Blood Pressure	Yes	No	_____
Asthma	Yes	No	_____	Hives	Yes	No	_____
Bladder infection	Yes	No	_____	Infectious Mono	Yes	No	_____
Bleeding Tendency	Yes	No	_____	Kidney Disease	Yes	No	_____
Blood Transfusion	Yes	No	_____	Malaria	Yes	No	_____
Bronchitis	Yes	No	_____	Meningitis	Yes	No	_____
Cancer	Yes	No	_____	Mental Illness	Yes	No	_____
Chronic Diarrhea	Yes	No	_____	Nose Bleeds	Yes	No	_____
Chronic Lung Disease	Yes	No	_____	Obesity	Yes	No	_____
Depression	Yes	No	_____	Pneumonia	Yes	No	_____
Emphysema	Yes	No	_____	Polio	Yes	No	_____
Epilepsy	Yes	No	_____	Repeated Infections	Yes	No	_____
Hay Fever	Yes	No	_____	Seizures	Yes	No	_____
Heart Disease	Yes	No	_____	Sinusitis, Chronic	Yes	No	_____
Headaches	Yes	No	_____	TB or exposure to	Yes	No	_____
Hemorrhoids	Yes	No	_____				

Other, if so please specify: \_\_\_\_\_

**HOSPITALIZATIONS: Reason and year**

**Medication List:**