

MEDICAL HISTORY

CONFIDENTIAL

NAME LAST, FIRST, MIDDLE

DATE

MAJOR COMPLAINT(S) OR HEALTH CONDITION(S)

HOW DID THIS CONDITION DEVELOP?

HOW LONG HAS THIS CONDITION PERSISTED?

IS THERE ANYTHING THAT MAKES IT BETTER?

IS THERE ANYTHING THAT MAKES IT WORSE?

HAVE YOU EVER RECEIVED TREATMENT FOR THIS CONDITION?

IF YES, WHEN?

WHERE?

BY WHOM?

WHAT WAS THE DIAGNOSIS?

WHAT KIND(S) OF TREATMENT?

WHAT WERE THE RESULTS OF THIS TREATMENT?

LIST ANY SUBSTANCES THAT YOU ARE ALLERGIC TO

LIST ANY MEDICATIONS OR VITAMINS/SUPPLEMENTS YOU ARE CURRENTLY TAKING

LIST ANY MEDICATIONS OR VITAMINS/SUPPLEMENTS YOU HAVE TAKEN IN THE LAST TWO MONTHS

LIST ANY MAJOR SURGERIES YOU HAVE HAD

SIGNIFICANT TRAUMA (AUTO ACCIDENTS, FALLS, ETC.)

SIGNIFICANT ILLNESSES (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---|-------------------------------------|---|
| <input type="radio"/> ARTHRITIS | <input type="radio"/> DIABETES | <input type="radio"/> RHEUMATIC FEVER |
| <input type="radio"/> ASTHMA | <input type="radio"/> GALLSTONES | <input type="radio"/> RUPTURED APPENDIX |
| <input type="radio"/> AUTOIMMUNE DISEASE | <input type="radio"/> HEART DISEASE | <input type="radio"/> SEIZURES |
| <input type="radio"/> AIDS | <input type="radio"/> HEPATITIS | <input type="radio"/> THYROID DISEASE |
| <input type="radio"/> CANCER | <input type="radio"/> HYPERTENSION | <input type="radio"/> VENEREAL DISEASE |
| <input type="radio"/> CONNECTIVE TISSUE DISEASE | <input type="radio"/> KIDNEY STONES | <input type="radio"/> OTHER _____ |

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