

HEALTH HISTORY

(Confidential)

Name _____ Today's Date ____/____/____

Please check(√) symptoms you currently have or have had in the past year.

General

- Chills
- Dizziness
- Fatigue
- Fevers
- Forgetfulness
- Headache
- Insomnia
- Nervousness
- Numbness
- Sweats
- Weight Gain
- Weight Loss

Gastrointestinal

- Abdominal Pain
- Black Stools
- Bloating
- Blood in Stools
- Constipation
- Diarrhea
- Difficulty Swallowing
- Gas
- Heartburn/Reflux
- Hemorrhoids
- Indigestion
- Nausea
- Poor Appetite
- Stomach Pain
- Vomiting
- Vomiting Blood

Eye, Ear, Nose, Mouth, Throat

- Blurred Vision
- Bleeding Gums
- Cataract
- Double Vision
- Earache
- Eye Pain/Strain
- Glasses
- Hay Fever
- Hearing Loss
- Hoarseness
- Nosebleeds
- Olfactory Problems
- Recurrent Sore Throat
- Red/Inflamed Eye
- Ringing in Ears
- Sinus Problems
- Sores on Lips/Tongue
- Taste Problems
- Vision of Halos

Musculoskeletal

- (Pain, Weakness, Numbness in:)
- | | |
|--------------------------------|------------------------------------|
| <input type="checkbox"/> Arms | <input type="checkbox"/> Joints |
| <input type="checkbox"/> Back | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Feet | <input type="checkbox"/> Muscle |
| <input type="checkbox"/> Hands | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Hips | <input type="checkbox"/> Shoulders |

Cardio-Respiratory

- Asthma
- Chest Pain
- Coughing Blood
- High Blood Pressure
- Irregular Heart Beat
- Low Blood Pressure
- Night Sweats
- Persistent Cough
- Phlegm Production
- Poor Circulation
- Recurrent Bronchitis
- Shortness of Breath
- Swelling of Ankles
- Varicose Veins

Genitourinary

- Abnormal Urine Color
- Blood or Pus in Urine
- Burning Urination
- Frequent Urination
- Kidney Stone
- Poor Bladder Control
- Urgency to Urinate

Skin

- Blood not Clotting
- Bruise easily
- Discolorating
- Lumps in Groins
- Lumps Underarm
- Skin Problem

Men Only

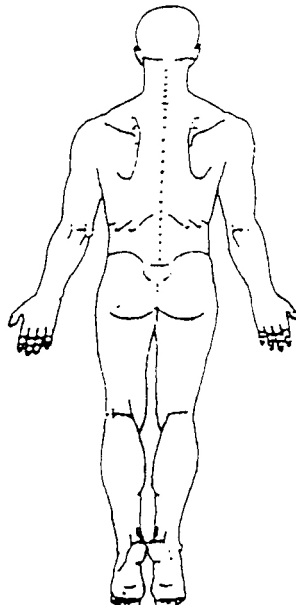
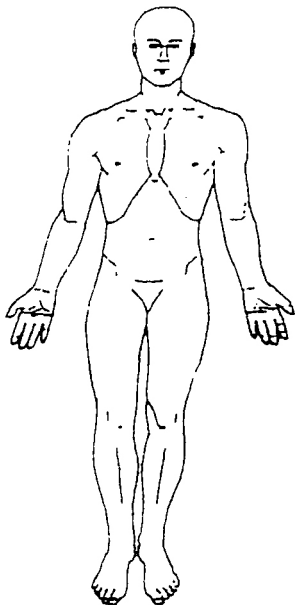
- Brease Lump
- Genital Pain
- Impotence
- Lump in Testicles
- Penile Discharge

Women Only

- Abnormal PAP Smear
- Bleeding Between Periods
- Breast Lump
- Contraceptives (B.C.P.)
- Irregular Periods
- Menopause Status
- Painful Periods
- Sores on Genitalis
- Vaginal Discharge
- Pregnancies
- Miscarriages
- Children Born
- Abortions
- Last Menses: ____/____/____
- Last PAP: ____/____/____
- Mammogram: ____/____/____
- Are you Pregnant? _____

PAIN EVALUATION

///-STABBING	XXX-BURNING	000-PINS AND NEEDLES	###-NUMBNESS
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PAIN SCALE
 SEVERE PAIN : 10/10
 NO PAIN : 0/10

1-PLEASE REFER TO THE GRAPHIC FOR PAIN AREAS
 2-MARK THE AREAS ACCORDING TO TYPE OF PAIN GIVEN IN FRAPHICS
 3-FOR EACH PAIN AREA USE A "FRACTION SCALE" FOR INTENSITY:
 Slight Pain= 2-3/10 Modarate Pain= 5-7/10