

# Personal History Form

**Please Fill Completely. Please Print.**

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name **(First, Middle, Last)** \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Referred By \_\_\_\_\_

Surgeries \_\_\_\_\_

**Past Medical History**

Please read through the following list and check any problems that you may currently have or have experienced in the past.

**Bones, Joints & Muscles**    Arthritis    Bursitis    Gout Chronic Back Pain

**Blood System**    Anemia    Leukemia    Lymphoma    Blood Clots    Abnormal Bleeding

**Endocrine System**    Goiter    Thyroid Problems    Diabetes    Adrenal Problems

**Brain & Nervous System**    Headache    Seizure Disorders    Strokes    TIA    Paralysis

**Heart & Circulatory System**    Chest Pain    Chest Pressure    High Blood Pressure    Palpitations  
 Heart Murmur    Phlebitis    Congestive Heart Failure

**Lungs & Respiratory System**    Allergies    Valley Fever    Asthma    Emphysema    COPD    Pneumonia    TB

**Digestive System**    Ulcers    Colits    Gallbladder    Hiatal Hernia    Hepatitis    Pancreatitis    Cirrhosis

**Urinary Tract**    Kidney Problems    Kidney Stones    Recurrent Bladder Infections    Renal Failure

**Cancer, Tumor or Cysts that required treatment**    **AIDS or ARC**    **Previous Rheumatic Fever**

**Nervous, Mental, Emotional, Behavioral or Psychological Problems**    **Depression**

**Family & Social History**

Please include strokes, heart attacks and high blood pressure for the following family members.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Siblings \_\_\_\_\_

Other relatives with heart disease \_\_\_\_\_

Occupation \_\_\_\_\_ Retired?    Yes    No

Marital Status \_\_\_\_\_

Are you a smoker?    Yes    No   Did you ever smoke?    Yes    No   Year you stopped smoking \_\_\_\_\_

Number of packs per day that you smoke or used to smoke \_\_\_\_\_ Total number of years that you smoked \_\_\_\_\_

Amount of alcoholic beverage consumed per week \_\_\_\_\_