NAME ________________________________ DATE ____________________

DO YOU HAVE A LIVING WILL? YES/NO

DRUG ALLERGIES

MEDICATIONS

## FAMILY HISTORY

| | FATHER | MOTHER | SIBLINGS | CHILDREN |
|---|---|---|---|---|
| HEART DISEASE | | | | |
| HIGH BLOOD PRESSURE | | | | |
| STROKE | | | | |
| CANCER | | | | |
| GLAUCOMA | | | | |
| DIABETES | | | | |
| EPILEPSY | | | | |
| BLEEDING DISORDER | | | | |
| KIDNEY DISEASE | | | | |
| THYROID DISEASE | | | | |
| MENTAL ILLNESS | | | | |
| ARTHRITIS | | | | |

## PAST MEDICAL HISTORY

**CONDITIONS :**

Aids
Alcoholism
Anemia
Appendicitis
Arthritis
Asthma
Bleeding Disorders
Breast Lump
Bronchitis
Bulimia
Cancer
Cataracts
Chemical Dependency
Chicken Pox
Diabetes
Emphysema
Epilepsy
Glaucoma
Goiter
Gonorrhea
Gout
Hepatitis
Hernia
Herpes
High Cholesterol
HIV Positive
Kidney Disease
Liver Disease
Measles
Migraine Headaches
Miscarriage
Mononucleosis
Multiple Sclerosis
Pacemaker
Pneumonia
Prostate Problem
Psychiatric Care
Rheumatic Fever
Scarlet Fever
Stroke
Suicide Attempt
Thyroid Problems
Tonsillitis
Tuberculosis
Ulcers
Vaginal Infections
Venereal Disease

## HOSPITALIZATION OR SURGERY

| Reason | Date | Reason | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## HABITS

Smoke now? ________________
Ever smoked? ________________
Packs daily? ________________
How long? ________________
When stopped? ________________
Alcohol: Type/Amt __________
Contact with blood or body fluid at work? ____________
Drugs? /prescription/non prescription ____________
Substance Abuse ______________________________

## WOMEN ONLY

Menstruation: First at Age _______.
Days between each period. Period lasts ___ days.
Flow is light, moderate, heavy? _________
Discomfort is light, moderate, heavy? _____
Date of last period? ______________________________
Date of last Pap Smear? ____________________________
Date of last breast exam? ___________________________
Pregnant? Yes No Planning Type of Birth control ____
Total # of pregnancies ________ Full term delivery? ___
Number of Living children _____Age of youngest? _____