

**** Keep a full, up-to-date medical history. Information kept here will allow you to quickly and easily complete forms and receive appropriate treatment. ****

PAST MEDICAL HISTORY

General State of Health (over your lifetime, how would you describe your health status)					
Allergies (drugs, food, environment) – describe reaction for each					
Childhood Illnesses (such as asthma, sickle cell anemia, ear infections, measles, mumps rubella, varicella, diphtheria, pertussis, polio, rheumatic fever, scarlet fever, congenital problems) – include year and any continuing impact on health					
Major Adult Illnesses (such as diabetes, high blood pressure, heart attack, irregular heart beat, angina/chest pain, thyroid disease, asthma, HIV, seizures, arthritis, kidney disease, tuberculosis, liver disease, hepatitis, cancer, other) – include year and any continuing impact on health					
Psychiatric Issues (depression, anxiety, suicidal ideations; medications) – describe and note date of any treatment and medications used					
Accidents / Injuries – date, injury sustained, treatment, resolution					
Operations (major and minor; in- and outpatient procedures) – note year and continuing effects if any					
Hospitalizations – note reason, year, length of stay					
Personal Habits (alcohol, tobacco, caffeine) – include amount per day and when started for each.		Alcohol	Caffeine	Tobacco	Street Drugs
	What				
	# per day				
	Since (date)				
Family History - (diabetes, alcoholism, arthritis, heart disease, high blood pressure, stroke, epilepsy, kidney disease, high cholesterol, tuberculosis, thyroid disorders, respiratory diseases, asthma, migraines, mental illness, allergic manifestations) – note any significant illness within 3 generations— grandparents, parents, aunts/uncles, siblings, children					