PATIENT HEALTH HISTORY

Name:_____ **Todays Date**:_____

Reason for your visit:_____

Current Symptoms:

_____

Do you use?

Tobacco: ____ NO ____YES ____ QUIT, Type _____ Amount_____Years_____

Vape: _____NO _____YES, Type _____ daily, monthly, infrequently

Alcohol: _____ NO _____YES, Beer / Liquor How often? daily, weekly, monthly, infrequently

Drugs: _____NO _____YES, Type_____ How often? daily, weekly, monthly, infrequently

Drug or Food allergies? Yes / No **To What? Reaction**_____

Current Medicines (include Vitamins & supplements)	**Dose & Times per day**	**What do you take this medicine for**

Family History: Has anyone in your family had any of the following conditions (Check if yes, and indicate relationship to you)

☐ Cancer/Polyps_____ Colon, Rectum, Anal, Stomach, Breast, Prostate, Uterus, Ovaries, Thyroid, Lung, Blood, Lymphoma Other_____	☐ Anemia_____ ☐ Diabetes_____ ☐ Blood Clots_____ ☐ Heart Disease_____ ☐ Stroke_____	☐ High Blood Pressure_____ ☐ Anesthesia Reaction_____ ☐ Bleeding Problems_____ ☐ Hepatitis_____ ☐ Other_____

Past Medical History (Please check any medical problems that you have had in the past)

☐ Abnormal pap smear	☐ Congestive heart failure	☐ Irregular menses
☐ Alcoholism	☐ COPD (lung disease)	☐ Kidney disease
☐ Allergies	☐ Coronary artery disease	☐ Liver disease
☐ Anemia	☐ Depression	☐ Menorrhagia
☐ Anxiety	☐ Diabetes mellitus	☐ Myocardial infarction (heart attack)
☐ Arthritis	☐ Diverticulitis	☐ Nerve/muscle disease
☐ Asthma	☐ GERD (heartburn)	☐ Osteoporosis
☐ Blood transfusion	☐ Glaucoma	☐ Seizures
☐ BPH (benign prostatic hyperplasia)	☐ Headaches	☐ Sickle cell anemia
☐ Cancer	☐ Heart murmur	☐ Sleep apnea
☐ Cataracts	☐ HIV/AIDS	☐ Stroke
☐ Clotting disorder	☐ Hyperlipidemia (high cholesterol)	☐ Substance abuse
☐ Colonic adenoma	☐ Hypertension (high blood pressure)	☐ Tuberculosis
☐ Concussion	☐ Hypothyroidism	☐ Ulcers
☐ Other (list)		

_____

Past Surgical History (Check any surgeries you have had and the date of surgery if you know it)

☐ Appendectomy	☐ Cosmetic surgery	☐ Prostate surgery
☐ Bariatric surgery	☐ Eye surgery	☐ Small intestine surgery
☐ Brain surgery	☐ Fracture surgery	☐ Spine surgery
☐ Breast surgery	☐ Hernia repair	☐ Tonsillectomy and Adenoidectomy
☐ CABG (bypass)	☐ Hysterectomy (ovaries removed)	☐ Tubal ligation (tubes tied)
☐ Cesarean section	☐ Hysterectomy (ovaries remain)	☐ Valve replacement
☐ Cholecystectomy (gall bladder removal)	☐ Joint replacement	☐ Vasectomy
☐ Colon surgery	☐ Other (list)	

Additional Information:

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