Personal Health History

Name_____ **Date:**_____

INJURIES & ACCIDENTS:

Type of Accident	Date(s)
❒ Auto	_____
❒ Work	_____
❒ Fracture	_____
❒ Dislocation	_____
❒ Concussion	_____
❒ Other	_____

_____

_____

SURGERIES:

Type of Surgery

❒ Appendix	❒ Gall Bladder	❒ Hernia
❒ Hysterectomy	❒ Kidney	❒ Mastectomy
❒ Tonsils	❒ Other_____	

ILLNESS:

❒ AIDS	❒ Anemia	❒ Arthritis
❒ Asthma	❒ Blindness	❒ Bronchitis
❒ Cancer	❒ Cataracts	❒ Chicken Pox
❒ Cirrhosis	❒ Colitis	❒ Depression
❒ Diabetes	❒ Duodenal Ulcer	❒ Emphysema
❒ Enlarged Heart	❒ Epilepsy	❒ Gallstones
❒ Gastritis	❒ Glaucoma	❒ Goiter
❒ Gonorrhea	❒ Gout	❒ Hay Fever
❒ Heart Disease	❒ Hepatitis	❒ Hernia
❒ HIV	❒ Jaundice	❒ Malaria
❒ Kidney Stones	❒ Measles	❒ Mumps
❒ Mononucleosis	❒ Nephritis	❒ Paralysis
❒ Phlebitis	❒ Pleurisy	❒ Pneumonia
❒ Polio	❒ Psoriasis	❒ Scarlet Fever
❒ Syphilis	❒ Hyperthyroid	❒ Hypothyroid
❒ Low B.P.	❒ High B. P.	❒ High Triglycerides
❒ High Cholesterol		❒ Tuberculosis
❒ Rheumatic Fever		

❒ Other _____
❒ Other _____
❒ Other _____

PSYCHIATRIC:

_____

_____

ALLERGIES:

❒ None	❒ Aspirin	❒ Cats
❒ Foods	❒ Codeine	❒ Dust
❒ Penicillin	❒ Pollen	

❒ Other _____

HAVE YOU EVER BEEN DISABLED?

❒ Yes ❒ No Date(s) _____

MEDICATION NOW TAKING: _____

_____

MARITAL STATUS:

❒ Single	❒ Married	❒ Separated
❒ Divorced	❒ Widowed	

NUMBER OF CHILDREN:_____

EDUCATION:

Last grade level completed_____

FAMILY MEDICAL HISTORY:

Please identify illnesses within your immediate family

❒ Arthritis	❒ Cancer	❒ Diabetes
❒ Emphysema	❒ Epilepsy	❒ Hypertension
❒ Heart Disease	❒ Migraines	❒ Obesity
❒ Peptic Ulcer	❒ Renal Disease	❒ Rheumatic Fever
❒ Strokes	❒ Tuberculosis	❒ Rheumatoid Arthritis

Additional: _____

_____

HOBBIES:

_____

_____

GENERAL INFORMATION:

Height: Feet_____ Inches_____ Weight_____

Do you consider yourself…

❒ Alert	❒ Calm	❒ Nervous
❒ Irritable	❒ Depressed	❒ Fatigued
❒ Run Down		

Do you suffer from loss of sleep? ❒ Yes ❒ No
Do you smoke or use tobacco? ❒ Yes ❒ No
Do you drink alcoholic beverages? ❒ Yes ❒ No
Do you drink caffeinated beverages? ❒ Yes ❒ No

Do you consider yourself…

❒ Well Developed	❒ Average Developed
❒ Under Developed	❒ Well Nourished
❒ Average Nourished	❒ Under Nourished
❒ Large Build	❒ Medium Build
❒ Small Build	

WOMEN ONLY:

Are you pregnant at this time? ❒ Yes ❒ No
Date of last period _____
Date of last breast exam _____
Date of last pap smear _____
Do you experience…
❒ Menstrual pain ❒ Cramping ❒ Irregularity

MEN ONLY:

Date of last prostate exam_____

_____

PATIENT SIGNATURE

HISTORY OF SYMPTOMS

Name_____ **Date**_____

SYMPTOMS

HEAD:
❒ Headache
- ❒ Entire head
- ❒ Back of head
- ❒ Forehead
- ❒ Right temple
- ❒ Left temple
- ❒ Migraine

❒ Head feels heavy
❒ Loss of memory
❒ Light-headedness
❒ Fainting
❒ Light bother eyes
❒ Loss of balance
❒ Loss of smell
❒ Loss of taste
❒ Dizziness
❒ Loss of hearing
❒ Pain in ears
❒ Ringing in ears
❒ Buzzing in ears

NECK:
❒ Pain in neck
Neck pain is worse when I:
❒ bend forward ❒ bend left
❒ bend backward ❒ bend right
❒ turn right ❒ turn left
❒ Sensation of a pinched nerve
❒ Neck feels out of place
❒ Neck feels stiff
❒ Muscle spasms in neck
❒ Grinding or grating sounds in neck
❒ Popping sounds in the neck
❒ Arthritis in the neck

SHOULDERS
❒ Pain in shoulder joint R L
❒ Pain across shoulders
❒ Bursitis R L
❒ Arthritis R L
❒ Can't raise arm:
- ❒ above shoulder level
- ❒ over head

❒ Tension in shoulders
❒ Pinched nerve in the shoulder R L
❒ Muscle spasms in shoulders

ARMS & HANDS
❒ Pain in upper arm R L
❒ Pain in forearm R L
❒ Pain in hand R L
❒ Pain in wrist R L
❒ Finger pain R L
❒ Pinched nerve in arm R L
❒ Pinched nerve in finger R L
❒ Sensation of pins and needles in arms R L
❒ Fingers go to sleep R L
❒ Hands feel cold R L
❒ Swollen joints in fingers R L

MID-BACK
❒ Mid-back pain
❒ Mid-back pain is worse when I :
- ❒ bend forward
- ❒ bend backward
- ❒ bend right ❒ bend left
- ❒ turn left ❒ turn right

❒ Pain between shoulder blades
❒ Sharp stabbing pain
❒ Muscle spasms

CHEST
❒ Chest pain
❒ Shortness of breath
❒ Pain around ribs
❒ Asthma
❒ Cough

ABDOMEN
❒ Nervous stomach
❒ Nausea
❒ Gas
❒ Constipation
❒ Diarrhea

LOW BACK
❒ Low back pain
❒ Low back pain is worse when I:
- ❒ bend forward
- ❒ bend backward
- ❒ bend right ❒ bend left
- ❒ twist left ❒ twist right
- ❒ walk ❒ sit
- ❒ stand ❒ lift
- ❒ cough ❒ sneeze
- ❒ stoop ❒ work
- ❒ bowel movements

❒ Pinched nerve in low back
❒ Low back feels out of place
❒ Tailbone pain
❒ Tailbone pain is worse when I:
- ❒ bend left ❒ bend right
- ❒ twist left ❒ twist right
- ❒ lift ❒ cough
- ❒ sneeze ❒ stoop
- ❒ work ❒ walk
- ❒ bowel movements

❒ Muscle spasms low back
❒ Arthritis in low back

HIPS, LEGS & FEET
❒ Pain in buttocks R L
❒ Buttock pain is worse when I:
- ❒ bend forward
- ❒ bend backward
- ❒ bend right ❒ bend left
- ❒ twist left ❒ twist right
- ❒ walk ❒ sit
- ❒ stand ❒ lift

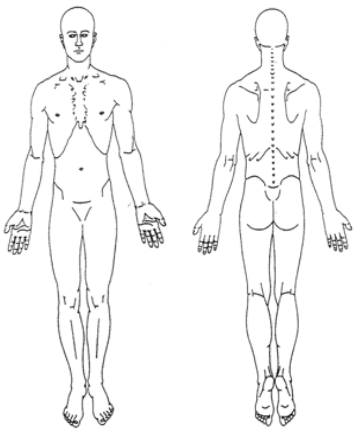
HIPS, LEGS & FEET CONT.
- ❒ cough ❒ sneeze
- ❒ stoop ❒ work
- ❒ bowel movements

❒ Pain in hip joints R L
❒ Hip joint pain is worse when I:
- ❒ bend forward
- ❒ bend backward
- ❒ bend right ❒ bend left
- ❒ twist left ❒ twist right
- ❒ walk ❒ sit
- ❒ stand ❒ lift
- ❒ cough ❒ sneeze
- ❒ stoop ❒ work
- ❒ bowel movements

❒ Pain down legs R L
❒ Leg pain is worse when I:
- ❒ bend forward
- ❒ bend backward
- ❒ bend right ❒ bend left
- ❒ twist left ❒ twist right
- ❒ walk ❒ sit
- ❒ stand ❒ lift
- ❒ cough ❒ sneeze
- ❒ stoop ❒ work
- ❒ bowel movements

❒ Leg cramps R L
❒ Sensation of pins and needles in legs R L
❒ Numbness in feet R L
❒ Numbness in legs R L
❒ Numbness in toes R L
❒ Feet feel cold R L
❒ Cramps in feet R L
❒ Swollen ankles R L
❒ Swollen feet R L
❒ Painful joints in toes R L

PLEASE MARK AN "X" WHERE YOU FEEL PAIN, TINGLING, OR NUMBNESS.



_____
Patient Signature

JM04