Patient Health History

LAST NAME		FIRST NAME				MISUFFIX	
MFA	GEI	оов	Height _		Weight		
Primary Care Phys	cian					_	
Cardiologist							
Other Specialist							
			Medical Illnes	ses			
aids/HIV		Can	ncer	Ulcer	-	Osteoporosis	
Anemia		Car	rdiac disease	Hepatitis	S	Seizures	
Asthma		Dia	betes	Hyperte	ension	Stroke	
Bleeding		GI		Lung Di	isease	Urinary	
Blood Cl	ots	Hig	gh Cholesterol _	Endocri	ne	Renal	
Other Medical C	onditions						
		Surge	eries/Hospitaliz	ation/Year			
			- L				
		•					
		•					
	-		n/Dosage/ Rout	e (oral, injec			
Allowering (Medication	n/Dosage/ Rout	e (oral, inje	ction, topica	ıl etc.)	
Allergies/I	Reaction:	Medication	n/Dosage/ Rout	e (oral, inje	ction, topica	ıl etc.)	
	Reaction:	Medication	n/Dosage/ Rout	e (oral, injec	ction, topica	ıl etc.)	
Occupation:		Medication	n/Dosage/ Rout Social Histor Marital Status	y :: Single	ction, topica	ıl etc.)	Widowed
Occupation: Do you have childre	n:Yes	Medication	n/Dosage/ Rout Social Histor Marital Status ve AloneYe	y s: Single	ction, topica	ıl etc.)	
Occupation: Do you have childre Do you smoke:	n: Yes Yes	Medication Medication	n/Dosage/ Rout Social Histor Marital Status ve AloneYo many packs per day	y s: Single of for	Marriedyears	ıl etc.)	
Occupation: Do you have childre Do you smoke: Do you drink alcoho	n: Yes Yes l: Ye	Medication Medication Lives No (if yes, how to see No (if	Social Histor Marital Status ve AloneYo many packs per day yes average amoun	y :: Single esNo / for t per week	Marriedyears	ıl etc.)	
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Date_____

Patient signature_____