Medical History

Name: ______________________ Date: __________ Sex: ________ Age: ________

Date of last Physical exam: __________ Weight now: ________ Weight 1 year ago: __________

Appetite: ( )Good ( )Fair ( )Poor

Sleep: ( )Good ( )Fair ( )Poor

ILLNESSES (Have you ever had)

	YES	NO
Measles	( )	( )
Mumps	( )	( )
Chicken Pox	( )	( )
Heart Disease	( )	( )
Arthritis/rheumatism	( )	( )
Bone/Joint Disease	( )	( )
Epilepsy	( )	( )
Migraine Headache	( )	( )
Tuberculosis	( )	( )
Diabetes	( )	( )
Cancer	( )	( )
High or Low BP	( )	( )
Kidney Disease	( )	( )
Liver Disease	( )	( )
Thyroid Problems	( )	( )
Venereal Disease	( )	( )
HIV Positive	( )	( )

Other ______________________

INJURIES

	YES	NO
Broken Bones	( )	( )
Sprains	( )	( )
Lacerations	( )	( )
Unconsciousness	( )	( )
Dislocation	( )	( )
Concussions	( )	( )
Head Injuries	( )	( )

IF PATIENT IS A CHILD

Problems with pregnancy/delivery of patient? If so explain ______________

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Was Child slow in areas of development? If so explain ______________

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ALLERGIES (Are you allergic to:

	YES	NO
Penicillin or sulfa	( )	( )
Aspirin	( )	( )
Morphine	( )	( )
Antibiotics	( )	( )

Other Drugs ______________________

Foods ______________________

SURGERY

Type ______________ Date ______________

Type ______________ Date ______________

Type ______________ Date ______________

CIGARETTES

	YES	NO
Do you smoke?	( )	( )
How many per day?	( )	( )

DRUG & ALCOHOL

Meds currently taking ______________________

Meds in last 6 months ______________________

HOW OFTEN DO YOU USE:

	NEVER	OCC.	FREQ.	DAILY
Laxatives	( )	( )	( )	( )
Vitamins	( )	( )	( )	( )
Sedative	( )	( )	( )	( )
Tranquilizers	( )	( )	( )	( )
NSAIDS	( )	( )	( )	( )
Aspirins	( )	( )	( )	( )
Cortisone	( )	( )	( )	( )
Thyroid	( )	( )	( )	( )
Diet Pills	( )	( )	( )	( )
Alcohol	( )	( )	( )	( )

	YES	NO
Have you ever been treated for drug/alcohol?	( )	( )
Have you ever taken insulin for diabetes?	( )	( )
Have you ever taken hormone tablets/injections?	( )	( )
Have you ever been hospitalized for psych problem?	( )	( )

Medication taken that were not effective ______________________

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FAMILY HISTORY

Has any blood relative ever taken any psychiatric meds? ______________________

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