**Health History Information**

**Client Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_\_

Please check all of the following which patient has now or has had in the past:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BLOOD/CIRCULATORY/CV** | | **INJURIES** | | | **NERVOUS SYSTEM** | | | | |
|  | Anemia |  | | Ankle Fracture |  | Alzheimer’s Disease | | | |
|  | Bleeding Tendency |  | | Arm Fracture |  | Epilepsy | | | |
|  | Claudication |  | | Burns |  | Multiple Sclerosis | | | |
|  | Congestive Heart Failure |  | | Head Injury |  | Myasthenia Gravis | | | |
|  | Deep Vein Thrombosis (DVT) |  | | Hip Fracture |  | Nervous Disease | | | |
|  | Heart Disease |  | | Gunshot Wound |  | Seizure Disorder | | | |
|  | Hemophilia |  | | Knee Fracture | **PEDIATRIC** | | | | |
|  | Hypercoagulable State |  | | Leg Fracture |  | Anemia | | | | | |
|  | Hyperlipidemia (High Cholesterol |  | | Motor Vehicle Accident |  | Asthma | | | | | |
|  | Hypertension |  | | Neck Fracture |  | ADD with hyperactivity | | | | | |
|  | Intracranial Aneurysm |  | | Pelvis Fracture |  | ADD without hyperactivity | | | | | |
|  | Peripheral Vascular Disease |  | | Rib Fracture |  | Behavior Disorder | | | | | |
|  | Raynaud’s Disease |  | | Stab Wound |  | Developmental Delay | | | | | |
|  | Rheumatic Fever | **KIDNEY/GENITO-URINARY** | | |  | Failure to Thrive | | | | | |
|  | Sickle Cell Anemia |  | Bladder Infection | |  | Esophageal Reflux | | | | | | | |
|  | Stroke |  | Endometriosis | |  | Prematurity | | | | | | | |
| **CANCER** | |  | Kidney Disease | |  | Reactive Airway Disease | | | | | | | |
|  | Bladder |  | Kidney Stones | |  | Seizure | | | | | | | |
|  | Bone, Soft Tissue, Skin |  | Prostate Enlargement | |  | Urinary Tract Infection | | | | | | | |
|  | Brain |  | Prostatitis | | **RESPIRATORY** | | | | | |
|  | Breast |  | Urinary Tract Infection | |  | Asthma | | | | | | | |
|  | Cervical | **MISCELLANEOUS** | | |  | Bronchitis | | | | | |
|  | Digestive System |  | | Alcoholism |  | COPD | | | | | |
|  | Endocrine/Other Nervous System |  | | Arthritis |  | Hemothorax | | | | | |
|  | Genitourinary organs |  | | Cirrhosis |  | Lung Disease/Emphysema | | |
|  | Prostate |  | | Dementia |  | Pneumonia | | |
|  | Respiratory System |  | | Depression |  | Pneumothorax | | |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Developmental Delay | **SOCIAL** | | | | |
| **ENDOCRINE** | |  | | Domestic Violence |  | Academic Problems |
|  | Adrenal Gland Disease |  | | Glaucoma |  | Acculturation Problems | |
|  | Diabetes Mellitus |  | | Gout |  | Adult Antisocial Behavior | |
|  | Goiter |  | | HIV Positive |  | Alcoholism in the Family | |
|  | Hyperparathyroidism |  | | Ovarian Cystic Disease |  | Borderline Intellectual Functioning |
|  | Hypoparathyroidism |  | | Post-Traumatic Stress Disorder |  | Child/Adol Antisocial Behavior | | |
|  | Hyperthyroidism |  | | Sexual Abuse |  | Child Abuse/Neglect, victim | | |
|  | Hypothyroidism |  | | Shingles |  | Identity Problem | | |
| **GASTRO-INTESTINAL** | |  | | Sleep Disturbance |  | Inadequate Resources/Poverty | | |
|  | Anal Fissure |  | | Suicide Attempt |  | Lack of Housing | | |
|  | Cirrhosis |  | | Syphilis |  | Malingering | | |
|  | Esophagitis |  | | Tuberculosis |  | No household member able to care | | | | | | | | |
|  | Gallbladder Disease |  | | Varicose Veins |  | Noncompliance with Treatment | | | | | | | | |
|  | Hepatitis |  | | Venereal Disease |  | Occupational Problem | | | | | | | | |
|  | Hiatal Hernia |  | | |  | Parent-Child Relationship Problem | | | | | | |
|  | Jaundice |  | | |  | Partner Abuse-Perpetrator | | | | | | |
|  | Peptic Ulcer Disease |  | | |  | Partner Relational Problem | | | | | | |
|  |  |  | | |  | Relational Problem, Other | | | | | | |
|  |  |  | | |  | Social Maladjustment | | | | | | |
|  |  |  | | |  | Unemployment | | | | | | |
|  |  |  | | |  | Victim of Abuse | | | | | | |

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| --- |
| **Explanation of issues identified:** |
| **Other health problems:** |
| **Surgeries:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **MEDICINES AND SUPPLEMENTS**  Please write the name of the medicine or supplement and how often and how much the patient takes.   |  |  |  | | --- | --- | --- | | **Medicine or Supplement Name** | **How often taken** | **How much taken** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **FAMILY HISTORY**  Please check all that apply for family members that are related to the patient by blood. Do not include family members who are adopted or part of the patient’s step-family. | | | | | | | | | | | | | |
| **Relationship** | Alcohol/Drug Abuse | Arthritis | Asthma | Cancer | Heart Problems | Depression | Diabetes | High Cholesterol | Hypertension | Kidney Disease | Mental Illness | Stroke | Vision Problems |
| Mother |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Father |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brother |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daughter |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Son |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |