**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.

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| --- | --- | --- |
| **Medicine or Supplement Name** | **How often taken** | **How much taken** |
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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |