

Medical History Form

Patient Na	me:			Latex Allergies: Yes No Topical Allergy:
Height:	ft:	in	Weight:	(pounds) Date of injury:
			y your physician: _ ation occur? _	
Have you b	een hos	pitalized	for the present co	ondition? □ Yes □ ■ No If Yes, date:
		ery for the ery type:_	TO BOOK AND ADDRESS OF THE PARTY OF THE PART	n? 🗆 Yes 🗆 No 🏻 If Yes, date:
Have you r	eceived	previous		:No If Yes, how many? condition? Yes No If Yes, date:
Have you e	ver had		e following? DEM	MG = CT SCAN = MYELOGRAM = MRI = XRAY sted for any of the following conditions?

Acquired Respiratory Distress Syndrome	□ Yes	ΠNο
Angina	□ Yes	DNo
Anxiety or Panic Disorders	□ Yes	DNo.
Arthritis (RA, OA)	□ Yes	□No
Asthma	□ Yes	□No
Chronic Obstructive Pulmonary Disease (COPD)	□ Yes	□No
Congestive Heart Failure (CHF)	□ Yes	□No:
Degenerative Disc Disease (back disease, spinal stenosis, severe chronic back pain)	□ Yes	□No
Depression	□ Yes	□No
Diabetes	□ Yes	□No
Emphysema	□ Yes	⊟No
Hearing Impairment	□ Yes	DNo
Heart Attack	□ Yes	DNo
Multiple Sclerosis	□ Yes	DNo
Osteoporosis	□ Yes	DNo
Parkinson's Disease	□ Yes	DNo
Peripheral Vascular disease	□ Yes	DNo
Stroke or TIA	□ Yes	□No
Upper Gastrointestinal Disease (ulcer, hernia, reflux)	□ Yes	□No
Visual Impairment (cataracts, glaucoma, macular degeneration)	□ Yes	□No

Allergies	□ Yes	□No
Headaches	□ Yes	шNо
Back Injury	□ Yes	□No
Bleeding Disorders	. □ Yes	DNo
Bowel / Bladder Abnormalities	□ Yes	□No
Cancer	□ Yes	□No
Dizzy or Fainting Spells	□ Yes	- DNo
Epilepsy or Seizure Disorder	□ Yes	DNo
Fracture	□ Yes	DNo
Hepatitis A, B, C	□ Yes	□No
Hernia	□ Yes	DNo
High Blood Pressure	□ Yes	DNo
Hypoglycemia	□ Yes	DNo
Immunosuppressant Condition or Medication	□ Yes	□No
Kidney Problems	□ Yes	□No
Liver / Gallbladder Problems	□ Yes	□No
Metal Implants	□ Yes	DNo
Nausea / Vomiting	□ Yes	DNo
Pacemaker	□ Yes	DNo
Pregnancy	□ Yes	DNo
Ringing in Your Ears	□ Yes	DNo
Sexual Dysfunction	□ Yes	□No
Skin Abnormalities	□ Yes	□No
Smoking	□ Yes	DNo
Special Diet Guidelines	□ Yes	DNo
Tuberculosis	□ Yes	DNo

Sample Primary Care Medical History Template

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Sample Primary Care Medical History Template:

Whispering the Secrets of Language: An Emotional Quest through Sample Primary Care Medical History Template

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