

Health History

Patient name: _____ Age: _____ Ht: _____ Wt: _____ Gender: _____

1. Are you in good health?..... Y N
2. Are you presently under the care of a physician for a chronic medical condition?..... Y N
If so for what reason? _____
3. Have you had any serious illnesses, operations or hospitalizations?..... Y N
If so, please describe _____
4. Do you have any of the following?
 - Cardiovascular
heart trouble heart attack heart murmur/mitral valve prolapse stroke palpitations
high blood pressure coronary artery disease heart surgery pacemaker angina
rheumatic fever/rheumatic heart disease congenital heart disease Y N
 - Respiratory
asthma emphysema chronic cough bronchitis pneumonia tuberculosis
chest pain severe coughing lung surgery..... Y N
 - Bleeding disorder
anemia bleeding tendency need for transfusions bruise easily..... Y N
 - Liver disease..... Y N
 - Kidney disease..... Y N
 - Stomach ulcers, colitis..... Y N
 - Arthritis, artificial joint replacement..... Y N
 - Seizures, convulsions, epilepsy..... Y N
 - Thyroid disease..... Y N
 - Cancer..... Y N
Radiation Y N Chemotherapy Y N
 - Diabetes..... Y N
 - Glaucoma..... Y N
 - Sinus/nasal problems..... Y N
 - Psychiatric treatment..... Y N
 - Any disease, drugs or transplant operation that would depress your immune system..... Y N
5. Please list all **medications** you are currently taking including prescription, non-prescription and herbal/natural supplements _____

6. Have you ever taken bisphosphonate medications (Fosamax, Zometa, Actonel, Boniva, Aredia) for osteoporosis, multiple myeloma or other cancers?..... Y N
7. Please list all **allergies** including drugs, latex, food etc. _____

8. Do you use alcohol? How much?..... Y N
9. Do you use tobacco? How much per day? _____ For how long? _____..... Y N
10. Have you recently used any illegal drugs?..... Y N
11. **Women:** Are you pregnant, trying to become pregnant or any chance you might be pregnant? Y N
Are you taking birth control pills? Y N Are you breastfeeding? Y N
12. Do you have any other diseases/conditions the doctor should know about..... Y N

I understand the importance of an accurate health history. The above questions have been answered to the best of my knowledge.

Signed: _____ Date: _____