

Medical History, Social History, & System Review
Danny L. Harrison, MD

Mark with an "X" as appropriate.

YOUR MEDICAL HISTORY

- Diabetes
- High Blood Pressure
- Cancer
- Heart Disease
- Stroke
- Bleeding Disorder
- Lung Disease or Pneumonia
- Seizures
- Serious Infections
- Congenital Defects
- Arthritis
- TB
- Kidney Disease
- Sleep Apnea
- Rheumatic Fever
- Problems w/ Anesthesia
- HIV or AIDS
- High Cholesterol
- Thyroid Disease

Family History: Parents, Brothers, Sisters, Aunts, & Uncles

- Diabetes
- High Blood Pressure
- Heart Disease
- Stroke
- Lung Disease
- Bleeding Disorder
- Breast Cancer
- Colon Cancer
- Lung Cancer
- Skin Cancer
- Other Cancer

Personal History

- Married Single
- Divorced Widowed
- Alcohol:
- Never Occasional
- Daily Over 3 drinks day
- Tobacco
- Never Quit: _____
- Still smoking, PPD _____
- IV Drugs, Cocaine, etc.
- Never Past Still Use
- Highest School Year Finished: _____

ALLERGIES

- None
- Penicillin Other antibiotics
- Narcotics Antiseptics
- Local anesthetics Aspirin
- Arthritis meds Iodine
- Tape Latex
- Tetnas
- Others: _____

Questions About Your Health

- Your Weight?
- No recent change
- Lost _____ Gained _____
- Fever
- Chills
- Night Sweats
- Excessive Fatigue
- Glasses
- Contacts
- Poor uncorrected vision
- Blurred or double vision
- Glaucoma
- Cataracts
- Hearing?
- Good Fair Bad
- Sinus Allergies
- Sinusitis
- Hoarseness
- Sore throat
- Difficulty swallowing
- Painful swallowing
- Enlarged lymph nodes
- Bleeding gums
- Rotting teeth
- Heart attack (MI)
- Heart Murmur
- Palpitations
- Chest pain
- Ankle swelling
- Shortness of breath while walking
- Shortness of breath if lying flat
- Always short of breath
- Chronic cough
- Asthma
- Wheezing
- Emphysema (COPD)

- Your appetite?
- Normal Less
- Change in stools
- Blood in stools
- Recent nausea
- Recent vomiting
- Constipation
- Diarrhea
- Ulcers
- Hepatitis
- Jaundice
- Cirrhosis
- Difficulty urinating
- Incontinence of urine
- Incontinence of stool
- Blood in your urine
- Kidney stones
- Sexual dysfunction
- Sexually Transmitted Disease

- Joint stiffness
- Muscle pain
- Muscle weakness
- Chronic Neck Pain
- Chronic Low Back Pain
- Difficulty walking
- Cold feet
- Skin Rash
- Itching
- Varicose veins
- Nail problems
- Tattoos
- Headaches
- Dizziness
- Trouble standing without help
- Use a cane or walker
- Paralysis
- Recent fall
- Head injury
- Numb feet
- Confusion or memory loss
- Insomnia
- Depression
- Anxiety
- Panic attacks
- Excessive Thirst
- Excessive Urination
- Can not tolerate heat or cold
- Heal slowly after cuts
- Bruise easily
- Free bleeder
- Anemia
- Blood Transfusion: Year _____

List Surgeries & Hospitalizations

FEMALE ONLY

- Breast mass
- Vaginal discharge
- Birth Control Pills, now or past
- Hormones, now or past
- Date of last mammogram: _____
- Number of pregnancies: _____
- Number of miscarriages: _____
- Age first period (menarche): _____
- Age first pregnancy: _____
- Last normal period: _____