PRO-HEALTH SERVICES MEDICAL HISTORY

Name:_____DOB: _____

What Chronic Medical Problems Do You Have?

_____

_____

_____

_____

_____

_____

What Surgeries Have You Had?

_____

_____

_____

_____

_____

_____

Place An "X" In The Box If Your Family Member Has The Condition.

	Diabetes	High Blood Pressure	Heart Disease	Colon Cancer	Breast Cancer	Prostate Cancer
Mother						
Father						
Mom's Mom						
Mom's Dad						
Dad's Mom						
Dad's Dad						
Siblings						

What Other Diseases Run In Your Family?

_____

_____

_____

What Drug Allergies Do You Have?

_____

_____

_____

What Medications Do You Currently Take?

_____

_____

_____

_____

_____

_____

_____

Are You Never-Married, Married, Divorced or Widowed? _____

Who Do You Live With? _____

What Type of Work Do You Do?_____

Have You Had Any Exposure To Asbestos or Other Harmful Chemicals? _____

Do You Smoke? Yes No Quit

If yes, how much? _____

Do You Drink Alcohol? Yes No Quit

If yes, how much? _____

Do You Use Any Illicit Drugs? Yes No Quit

If yes, what? _____

For Women Only

How many times have you been pregnant? _____

How many children have you given birth to? _____

Name:_____ Date Of Birth: _____

Review Of Systems

In the past 6 months, have you had problems with the following (Circle "Yes" answers)

General:	Fever, chills, unexplained weight loss, fatigue, weight gain, weakness, insomnia
Eyes:	Blurry vision
ENT:	Nasal obstruction, nosebleeds, ear pain, frequent sore throats
Resp:	Shortness of breath, cough
CV:	Chest pain, palpitations, swelling of legs, heart murmur, dizziness
GI:	Constipation, diarrhea, vomiting, abdominal pain, nausea, hemorrhoids, bloody stool
MS:	Muscle pain, joint pain, joint swelling
Psych:	Anxiety, depression, irritability
Skin:	Persistent sores, rashes
Neuro:	Headaches, tingling, numbness
Endo:	Increased thirst, hot flashes, night sweats, thyroid problems
Heme:	Easy bruisability, bleeding easy
Lymph:	Swollen glands
GU:	Male: Discharge, impotence
	Female: Discharge, vaginal itching

I affirm that the above is true.

_____ _____

Signature Date