Patient History Form

Patient's Name: ____ Date: _______________

Present Complaint or Illness:____

Duration of Symptoms: ____

Event(s) preceding/causing illness: ____

How long since you have been well: ____

Personal Health Goal: ____

Have you had any of the following? If so, when?

Accidents: ____

Surgery: ____

What are your current medications/dosages:____

Medication Allergies: ____Or None______

Patient and Family Medical History: Please check all that apply-

Relatives	Arthritis	Asthma	Atherosclerosis	Cancer	Diabetes	Epilepsy	Glaucoma	Gout	High Blood Pressure	Heart Disease/ Stroke	Hypothyroidis	Kidney Disease	Neurological Disease	Obesity	Periodontal Disease	Senility	Stomach Ulcer	Tuberculosis
You																		
Father																		
Mother																		
Brothers																		
Sisters																		
Spouse																		
Child(ren)																		
Grandfathe																		
Grandmoth																		

Check any other illnesses that you have now or have had:

- Abscesses
- Acne
- AIDS
- Alcohol Addiction
- Allergies
- Alopecia
- Anemia
- Attempted Suicide
- Arteriosclerosis
- Back Problems
- Benign Breast Tumor
- Bleeding Gums
- Bronchitis
- Candida Albicans
- Cataracts
- Chest Pains
- Chicken Pox
- Cirrhosis
- Crohn's Disease
- Depression
- Diphtheria
- Diverticulitis
- Drug Addiction
- Ear Infection
- Eczema
- Emphysema
- Endometriosis
- Excessive Fatigue
- Eye Disease
- Fainting/Dizzy Spells
- Gall Stones
- Gastritis
- Gingivitis
- Goiter
- Gonorrhea
- Hay Fever
- Hearing Problems
- Hemorrhoids
- Hepatitis
- Hernia
- Herniated Disc
- Herpes
- High Blood Pressure
- Hives
- Insomnia
- Jaundice
- Kidney Stones
- Liver Disease
- Low Blood Pressure
- Lupus
- Major Surgery
- Malaria
- Measles
- Mononucleosis
- Multiple Sclerosis
- Mumps
- Myopia
- Nervousness
- Neuralgia
- Night Blindness
- Numbness
- Pancreatitis
- Persistent Cough
- Pneumonia
- Polio
- Psoriasis
- Rheumatic Fever
- Rheumatoid Arthritis
- Scarlet Fever
- Sciatica
- Skin Ulcers
- Skipped Heart Beat
- Stroke
- Syphilis
- Thyroid Disease
- Ulcerative Colitis
- Vision Problems
- _____________