## **HEALTH HISTORY**

Patient Name:		OOB:	MR#
GENERAL	EYES/ENT	<u>N</u>	<u>IEUROLOGICAL</u>
( ) Normal	( ) Normal	•	) Normal
( ) Wt loss? How much?	( ) Vision loss	(	) Headaches
() Wt gain? How much?	( ) Hearing loss	(	) Weakness/loss of Movement
( ) Fevers	( ) Sore throat	(	) Confusion/Loss of Memory
( ) Chills	( ) Hoarseness	(	) Stroke
( ) Night Sweats	( ) Sinus infection	(	) Temporary paralysis
( ) Fatigue	( ) Dizziness	(	) Seizures
( ) Loss of Appetite	( ) Ringing in Ears	(	) Unexpected/Unexplained Numbnes
	( ) Discharge	(	) Tingling
	( ) Double Vision	(	) Passing Out
	( ) Excessive Tearing		
RESPIRATORY	CARDIOVASCULAR	<u>11</u>	NTEGUMENTARY
( ) Normal	( ) Normal	(	) Normal
( ) Short of breath lying flat	( ) Irregular heart beat	(	) Rash
( ) Short of breath at rest	( ) Racing heart	(	) Itching
( ) Short of breath with exercise	( ) Chest discomfort/pain	(	) Skin lesions
( ) Wheezing	() Blackouts/passing out	(	) Finger/toenail problem
( ) Dry cough	( ) Shortness of Breath	(	) Profuse sweating
( ) Cough with sputum	( ) Waking from Sleep Brea	athless	
( ) Cough up blood	( ) Cardiac Medicine		
( ) Sleep Apnea			
GENITOURINARY	WOMEN GENITOURINARY	, -	MEN GENITOURINARY
( ) Normal	( ) Irregular Menses		( ) Prostate Enlargement
( ) Waking at Night to Urinate	( ) Menopause		( ) Impotence
( ) Urinary frequency	( ) Pelvic Pain/Pressure wit	th Menses	( ) Erectile Dysfunction
( ) Bladder infection	( ) Miscarriages		
( ) Kidney failure	( ) # Pregnancies		
( ) Blood in urine	( ) # Children		
( ) Urgent Urination	( ) Hormone Replacement	Therapy	
( ) Incontinence			
( ) Urgent Urination			

MUSCULOSKETAL	GASTROINTESTINAL	
( ) Normal ( ) Arthritis/Painful Joints ( ) Back pain ( ) Leg swelling ( ) Varicose veins ( ) Leg ulcers (sores) ( ) Neck pain ( ) Leg cramping/discomfort ( ) Foot pain at night ( ) Weakness ( ) Extremity pain ( ) Change in Walking Ability/Strength	<ul> <li>( ) Normal</li> <li>( ) Jaundice/liver problem</li> <li>( ) Abdominal pain</li> <li>( ) Nausea</li> <li>( ) Vomiting</li> <li>( ) Blood in stool/Black Stool</li> <li>( ) Diarrhea</li> </ul>	
HEMATOLOGIC  ( ) Normal ( ) Easy bruising ( ) Bloody nose ( ) Swollen lymph glands ( ) Bleeding problems ( ) Blood clots	<ul> <li>( ) Change in Bowel Movements</li> <li>ENDOCRINE     <ul> <li>( ) Normal</li> <li>( ) Hyperthyroidism</li> <li>( ) Hypothyroidism</li> <li>( ) Hot flashes</li> </ul> </li> </ul>	PSYCHIATRIC  ( ) Normal ( ) Depression ( ) Anxiety ( ) Panic attacks ( ) Suicidal Thoughts
Patient Signature  Physician Signature		Date