

## HEALTH HISTORY

YES / NO

WHAT IS YOUR REASON FOR TODAY'S VISIT? \_\_\_\_\_

DO YOU HAVE, OR HAVE YOU EVER BEEN TREATED FOR THE FOLLOWING:

- HEART TROUBLE, RHEUMATIC FEVER, MITRAL VALVE PROLAPSE, ARTIFICIAL HEART VALVE OR HEART MURMUR, PACEMAKER  
(CIRCLE)? \_\_\_\_\_ ☐ ☐
- RHEUMATIC FEVER? \_\_\_\_\_ ☐ ☐
- SCARLET FEVER? \_\_\_\_\_ ☐ ☐
- STROKE? \_\_\_\_\_ ☐ ☐
- HIGH OR LOW BLOOD PRESSURE (CIRCLE) \_\_\_\_\_ ☐ ☐
- THYROID DISEASE? \_\_\_\_\_ ☐ ☐
- SINUS PROBLEMS? \_\_\_\_\_ ☐ ☐
- DO YOU SMOKE, CHEW, use MEDICAL MARIJUANA? If so, what amount per day? \_\_\_\_\_ ☐ ☐
- DIABETES? If so, RECENT HbA1C? \_\_\_\_\_ ☐ ☐
- KIDNEY DISEASE? ARE YOU ON DIALYSIS? \_\_\_\_\_ ☐ ☐
- HEPATITIS, JAUNDICE, LIVER DISEASE? \_\_\_\_\_ ☐ ☐
- TUBERCULOSIS? \_\_\_\_\_ ☐ ☐
- COUGH, PERSISTENT, BLOODY? \_\_\_\_\_ ☐ ☐
- SEXUALLY TRANSMITTED DISEASE? \_\_\_\_\_ ☐ ☐
- AIDS, HIV POSITIVE or POSITIVE for AIDS VIRUS? \_\_\_\_\_ ☐ ☐
- CANCER/ RADIATION THERAPY/ CHEMOTHERAPY? \_\_\_\_\_ ☐ ☐
- SPECIAL DIET? \_\_\_\_\_ ☐ ☐
- DIET PILLS "Fen-Phen", Ionimin, Adipex, Fastin, Pondimin, Redux? \_\_\_\_\_ ☐ ☐
- UNEXPLAINED WEIGHT LOSS? \_\_\_\_\_ ☐ ☐
- EPILEPSY? \_\_\_\_\_ ☐ ☐
- ANEMIA, DISORDERS OF THE BLOOD? \_\_\_\_\_ ☐ ☐
- BACK PROBLEMS? \_\_\_\_\_ ☐ ☐
- CORTISONE TREATMENT? \_\_\_\_\_ ☐ ☐
- FAINTING, DIZZINESS? \_\_\_\_\_ ☐ ☐
- SWOLLEN NECK GLANDS? \_\_\_\_\_ ☐ ☐
- DIFFICULTY SWALLOWING? \_\_\_\_\_ ☐ ☐
- ARTIFICIAL JOINTS or IMPLANTS? \_\_\_\_\_ ☐ ☐
- LUNG DISEASES; Circle: DIFFICULTY BREATHING; ASTHMA, BRONCHITIS, EMPHYSEMA, COPD?  
\_\_\_\_\_ ☐ ☐
- DO YOU HAVE DELAYED HEALING? \_\_\_\_\_ ☐ ☐
- IMMUNE SYSTEM PROBLEMS, possibly from SURGERY/MEDICATIONS? \_\_\_\_\_ ☐ ☐
- ARTHRITIS: OSTEO or RHEUMATOID? \_\_\_\_\_ ☐ ☐
- GLAUCOMA? \_\_\_\_\_ ☐ ☐
- DO YOU WEAR CONTACTS? \_\_\_\_\_ ☐ ☐