

**FILL IN ALL AREAS**

**NAME:**

**PAST MEDICAL HISTORY:**

**Unusual Childhood Diseases:**

**Surgeries: (MOST RECENT FIRST)**

**Medical Illnesses**

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

8.

8.

**SOCIAL HISTORY:** *if married, how long*

**Marital Status:**

**Children:** ages, health & how many

**Sons:**

**Daughters:**

**Employment:** Occupation, where & how long

**Spouse:**

**Alcohol:**      Daily      Weekly      Monthly

**Tobacco:**      Packs per day      # of years      **Smokeless Tobacco:**

**FAMILY HISTORY:** give age, health (if deceased, tell age of death & reason)

**PGF--Age: DAD'S FATHER:**

**PGM--Age: DAD'S MOTHER:**

**MGF--Age: MOM'S FATHER:**

**MGM--Age: MOM'S MOTHER:**

**Father--Age:**

**Mother--Age:**

**Brothers:**

**Sisters:**

**IS THERE A HISTORY OF ANY OF THE FOLLOWING IN YOUR FAMILY?**

**Cancer:**

**Diabetes Mellitus:**

**High Blood Pressure:**

**GI Problems:**

**Heart Disease:**

**R.O.S**

# GENERAL CLINICAL DATA

FILL IN ALL AREAS MARKED WITH AN \*

|          |       |      |         |
|----------|-------|------|---------|
| *Name    | Age   | Sex  | S M D W |
| *Address | Phone | Date |         |

\*Allergies: (any allergies to medication that you know of)

| *Medication you are now on | Start Date | Stop Date | Medication | Start Date | Stop Date |
|----------------------------|------------|-----------|------------|------------|-----------|
|                            |            |           |            |            |           |
|                            |            |           |            |            |           |
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|                            |            |           |            |            |           |
|                            |            |           |            |            |           |

\*Past X-Rays  
most recent 1st

Schedule

how much daily, weekly, occasionally??

|             |            |
|-------------|------------|
| *Coffee     | *Chocolate |
| *Tea        | *Milk      |
| *Carbonated | *Aspirin   |

Vital Signs:                      Wt                      #                      BP                      /                      P                      R                      T

History:

*SLP*