

# Health History

Confidential

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last physical examination \_\_\_\_\_

What is your reason for visit? \_\_\_\_\_

## Symptoms (Check symptoms you currently have or have had in the past year.)

### CARDIOVASCULAR

- Poor circulation
- Swelling in ankles
- High Blood Pressure
- Low Blood Pressure
- Varicose Veins

### SKIN

- Bruise easily
- Rash
- Sore that won't heal
- Cellulitis
- Psoriasis

## Conditions (Check conditions you currently have or have had in the past year.)

- Anemia
- Bleeding Disorders
- Diabetes
- Heart Disease
- Hepatitis
- HIV positive
- Kidney Disease
- Liver Disease
- Pacemaker

## Medications (List medication you are currently taking)

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## Allergies

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Pharmacy Name \_\_\_\_\_

Phone \_\_\_\_\_

## Hospitalizations (Within the past year)

Year	Hospital	Reason for Hospitalization or Outcome

To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

\_\_\_\_\_  
Signature of Patient, Parent, Guardian or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print name of Patient, Parent, Guardian or Personal Representative

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date