

Patient Name _____

Date _____

Medical Health History

Correct answers to the following questions will allow us to treat you on a more individual basis, providing the care appropriate for you particular needs.



Please answer each question. Circle Yes or No. If in doubt, leave blank.

- 1. Are you in good health now Y N
- 2. Are you now under the care of a physician Y N
If so, what is the condition being treated _____
- 3. Have you ever been hospitalized Y N
If yes, explain _____
- 4. Have you ever had excessive bleeding;
 - Following an extraction Y N
 - When getting cut Y N
- 5. Are you pregnant? If so, give due date Y N
Date _____
- 6. Do you use tobacco in any form Y N
If yes how much:
 - Cigarettes _____
 - Cigars _____
 - Pipe _____
 - Snuff _____
 - Chewing Tobacco _____

7. Do you use alcoholic beverages more than twice a day? Y N

Do you have or have you had any of the following?

GENERAL

- Excessive thirst Y N
- Tire easily, weakness Y N
- Marked weight change Y N
- Night sweats Y N
- Persistent fever Y N

SKIN

- Eruptions (rash) hives Y N
- Change in skin color Y N

EYES

- Visual Change Y N
- Glaucoma Y N

EARS

- Loss of hearing Y N
- Ringing in ears Y N

NOSE

- Frequent nosebleeds Y N
- Sinus problems Y N

THROAT

- Soreness/hoarseness Y N

NERVOUS SYSTEM

- Stroke Y N
- Headaches Y N
- Convulsions/epilepsy Y N
- Numbness/tingling Y N
- Dizziness/fainting Y N
- Psychiatric Treatment Y N

HEART/BLOOD VESSELS

- Rheumatic fever Y N
- Heart Murmur Y N
- Chest pain/discomfort Y N
- Heart attack/trouble Y N
- Shortness of breath Y N
- Swelling of ankles/hands Y N
- Abnormal blood pressure Y N
- Congenital heart disease Y N
- Artificial heart valve Y N
- Pacemaker Y N
- Heart Surgery Y N
- Other _____

DIGESTIVE SYSTEM

- Liver disease Y N
- Hepatitis A Y N
- Hepatitis B Y N
- Non-A, Non-B Hepatitis Y N
- Jaundice Y N
- Ulcers Y N
- Change in Appetite Y N
- Black, bloody or pale stool Y N

URINARY

- Kidney disease Y N
- Increased urination Y N
- Burning during urination Y N