

## Patient History

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

Chart #

Reviewed by SSC Staff \_\_\_\_\_

Patient \_\_\_\_\_  
Last
First
Middle

Drug and/or Latex Allergies (Please list with the type of reaction)

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Current Medications (Include over-the-counter medicines)

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### Medical History

		Current ↓ Past ↓			Current ↓ Past ↓
<b>1. General</b>					
Change In Appetite					
Chills/Night Sweats					
Fainting Spells					
Fatigue					
Weight Change					
<b>2. Dermatology</b>					
Changes in skin/moles					
Sores that do not heal					
<b>3. HEENT</b>					
Ear problems					
Eye problems					
Nose problems					
Throat problems					
<b>4. Endocrine</b>					
Diabetes					
Thyroid problems					
<b>5. Neurology</b>					
Epilepsy seizures					
Head trauma					
Numbness of extremities					
<b>6. Musculoskeletal</b>					
Arthritis					
Gout					
Joint pain					
Muscle pain					
<b>7. Pelvic/Rectal</b>					
Female GYN problems					
Hemorrhoids					
Venereal disease					
<b>8. Hematology</b>					
Anemia					
Blood transfusions					
Excessive bruising					
Hepatitis					
Rheumatic fever					
<b>9. Cardio-Respiratory</b>					
Asthma					
Emphysema					
Heart disease					
High blood pressure					
Lung cancer					
Tuberculosis					

Patient

Last

First

Middle

Medical History (continued)

10. GI

- Colon Problems
- Digestive problems
- Diverticulitis
- Gallstones
- Hiatal hernia
- Reflux
- Ulcers

Current  
Past


12. Psych-Social

- Anxiety
- Depression
- Panic Attacks

Current  
Past


11. Urology

- Incontinence
- Kidney stones
- Prostate problems


13. Breast

- Pain
- Hormone replacement
- Lumps
- Nipple discharge
- Cancer


Surgical History


- Adenoids
- Appendectomy
- Brain

Breast


- Biopsy - benign
- Cyst aspiration
- Cancer
- Implants
- Reduction

Colon


- Polyps
- Mass/tumor
- Resection
- Gallbladder
- Hemorrhoidectomy

Hysterectomy

Total

Partial


- For bleeding
- For tumor
- For cancer

Heart


- Bypass
- Other

Joint replacement


- Hip
- Knee
- Shoulder
- Kidney
- Lung
- Ovaries

Pregnancies


- Number of pregnancies
- Number of Live births
- Age at time of 1st birth
- Cesarian  Number
- Prostate Removal
- Thyroidectomy  Partial
- Tonsils

Other Surgery Not Shown Above

Surgical History Comments (if any)

## Family Medical History & Social History

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

Reviewed by ESC Staff \_\_\_\_\_

Patient \_\_\_\_\_  
Last
First
Middle

Does your family have a history of

Breast Cancer	Mother	Father's mother	Sister(postmenopausal)
	Mother's mother	Father's sister	Sister(premenopausal)
	Mother's sister		Daughter
Bleeding problems	Mother	Father	Brother/Sister
Cancer other than breast	Mother	Father	Brother/Sister
Diabetes	Mother	Father	Brother/Sister
Heart Disease	Mother	Father	Brother/Sister
Hepatitis	Mother	Father	Brother/Sister
High Blood Pressure	Mother	Father	Brother/Sister
Kidney Disease	Mother	Father	Brother/Sister
Lung Disease	Mother	Father	Brother/Sister
Stroke	Mother	Father	Brother/Sister

### Social History

**Marital Status**       Single     Married     Divorced     Widow/Widower

**Health Habits**

**Exercise**      Type \_\_\_\_\_

**Diet**       Vegetarian     High Fat     Normal

**Breast Self Exam**     Yes     No

**Alcohol**       Yes     No      Amount Weekly \_\_\_\_\_

**Coffee/Tea**       Yes     No      Amount Daily \_\_\_\_\_

**Tobacco**       Yes     No      Amount Daily \_\_\_\_\_

**Recreational Drugs**     Yes     No      Amount Daily \_\_\_\_\_

Any additional information the physician should be told?

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Thank you for providing all this information!