

Health History

Please Check All That Apply and Provide Details Below

| | | | | | |
|---|--|--------------------------------|--|----------------------------------|--|
| <u>Neurological</u> | | <u>Gastrointestinal</u> | | <u>Emotional</u> | |
| Concussion/Head injury | | Appendectomy | | ADHD/ADD | |
| Dizzy Spells/Fainting | | Inflammatory Bowel Disease | | Recurrent Anxiety | |
| Headaches/Migraines | | Gallstones | | Anorexia | |
| Insomnia | | Hepatitis | | Bulimia | |
| Seizures | | Irritable Bowel Syndrome | | Recurrent Depression | |
| <u>Eyes</u> | | Ulcers | | Bipolar Disorder | |
| Blindness | | <u>Musculoskeletal</u> | | Panic Attacks | |
| Color Blindness | | Arthritis | | <u>Infectious Disease</u> | |
| Double Vision | | Back Problems | | Chicken Pox | |
| Injury/Disease | | Fractures | | German Measles | |
| <u>Ear, Nose & Throat</u> | | Knee Problems | | Measles | |
| Deafness/Hearing Aid | | Painful Joints | | Hepatitis | |
| Perforated Ear Drum | | <u>Genitourinary</u> | | Mononucleosis | |
| Repeated Ear Infections | | Kidney Infection | | Malaria | |
| Repeated Nose Bleeds | | Kidney Stones | | Meningitis | |
| Repeated Strep Throat | | Bladder Infection | | Mumps | |
| Repeated Sinusitis | | Painful Urination | | Rheumatic Fever | |
| Tonsillectomy | | Date of Last Pap Smear | | Scarlet Fever | |
| Swollen Glands | | Results of Pap Smear | | TB or Positive Skin Test | |
| <u>Cardiac & Respiratory</u> | | Gynecological Disorder | | Whooping Cough | |
| Palpitations | | BCPs | | <u>Blood</u> | |
| Chest Pain | | <u>Endocrine</u> | | Anemia | |
| Heart Murmur | | Diabetes | | Sickle Cell Trait or Disease | |
| High Blood Pressure | | Thyroid Disease | | Cancer | |
| Bronchitis | | <u>Habits</u> | | <u>Other</u> | |
| Asthma | | Alcohol | | Serious Accident /Injury | |
| Pneumonia | | Tobacco | | Serious Illness | |
| Shortness of Breath | | Chewing Tobacco | | Operations | |
| | | Drugs/Anabolic Steroids | | Hospitalizations | |

Specific Details: _____
