

ERTEL MEDICINE & PEDIATRICS
CONFIDENTIAL HEALTH HISTORY

Patient Name _____ Today's Date _____

Age _____ Birth Date _____ Date of last physical exam _____

What is the reason for your visit? _____

SYMPTOMS Check symptoms you currently have or have had in the past year

GENERAL

- Chills
- Depression
- Dizziness
- Fainting
- Fever
- Forgetfulness
- Headache
- Loss Of Sleep
- Loss Of Weight
- Nervousness
- Numbness
- Sweats

MUSCLE/JOINT/BONE

Pain, Weakness, Numbness

- Arms
- Back
- Feet
- Hands
- Hips
- Legs
- Neck
- Shoulders

GENITO-URINARY

- Blood In Urine
- Frequent Urination
- No Bladder Control
- Painful Urination

GASTROINTESTINAL

- Appetite Poor
- Bloating
- Bowel Changes
- Constipation
- Diarrhea
- Excessive Hunger
- Excessive Thirst
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Rectal Bleeding
- Stomach Pain
- Vomiting
- Vomiting Blood

CARDIOVASCULAR

- Chest Pain
- High Blood Pressure
- Irregular Heart Beat
- Low Blood Pressure
- Poor Circulation
- Rapid Heart Beat
- Swelling Of Ankles
- Varicose Veins

EYE, EAR, NOSE, THROAT

- Bleeding Gums
- Blurred Vision
- Crossed Eyes
- Difficulty Swallowing
- Double Vision
- Earache
- Ear Discharge
- Hay Fever
- Hoarseness
- Loss Of Hearing
- Nosebleeds
- Persistent Cough
- Ringing In Ears
- Sinus Problems
- Vision-Flashes
- Vision-Halos

SKIN

- Bruise Easily
- Hives
- Itching
- Change In Moles
- Rash
- Scars
- Sore That Won't Heal

MEN ONLY

- Breast Lump
- Erection Difficulties
- Lump In Testicles
- Penis Discharge
- Sore On Penis
- Other

WOMEN ONLY

- Abnormal Pap Smear
- Bleeding Between Periods
- Breast Lump
- Extreme Menstrual Pain
- Hot Flashes
- Nipple Discharge
- Painful Intercourse
- Vaginal Discharge
- Other

Date Of Last Menstrual Period _____

Date Of Last Pap Smear _____

Have You Had A Mammogram? _____

Are You Pregnant? _____

Number Of Children? _____

CONDITION Check conditions you currently have or have had in the past year

- AIDS
- Alcoholism
- Anemia
- Anorexia
- Appendicitis
- Arthritis
- Asthma
- Bleeding Disorders
- Breast Lump
- Bronchitis
- Bulimia
- Cancer
- Cataracts

- Chemical Dependency
- Chicken Pox
- Diabetes
- Emphysema
- Epilepsy
- Glaucoma
- Goiter
- Gonorrhea
- Gout
- Heart Disease
- Hepatitis
- Hernia
- Herpes

- High Cholesterol
- HIV Positive
- Kidney Disease
- Liver Disease
- Measles
- Migraine Headaches
- Miscarriage
- Mononucleosis
- Multiple Sclerosis
- Mumps
- Pacemaker
- Pneumonia
- Polio

- Prostate Problem
- Psychiatric Care
- Rheumatic Fever
- Scarlet Fever
- Stroke
- Suicide Attempt
- Thyroid Problems
- Tonsillitis
- Tuberculosis
- Typhoid Fever
- Ulcers
- Vaginal Infections
- Venereal Disease

MEDICATIONS List Medications You Are Currently Taking

ALLERGIES

Pharmacy Name _____

Phone Number _____