

KU-Wichita CHC Internal Medicine

INTERNAL MEDICINE PATIENT HISTORY FORM

NAME	DOB				TODAY'S DATE						
Why are you here today?	·										
LIST YOUR ILLNESS Date	ES, HOS		ZATIONS, SUR	GERIES	S, AND II	NJURIE	S:				
Date	Reason	11									
LIST YOUR CURREN Name of Medicine	T MED	ICATION Strengt			'S: tions for u	se					
ANY ALLERGIES (Mo	edication	ns, Food,	Etc.)								
IMMUNIZATION HIS Last Tetanus (Td or Tdap Have you received a Pne	p)		YES NO		nfluenza _ you receiv		ngles vaccine? YE	S NO			
FAMILY HISTORY:				A T	I 14 D :	. 1					
Relationship Father		Age			Any Health Problems						
7.7.1											
Sibling(s)											
Children											
Has any blood relative or	var had?	-									
Has any blood relative ev Cancer	YES	NO	High Blood Pro	essure	YES	NO	Convulsions	YES	NO		
Tuberculosis	YES	NO	Diabetes	Jobare	YES	NO	Emotional Problen		NO		
Heart Trouble	YES	NO	Stroke		YES	NO	Substance Abuse	YES	NO		
Gout/Arthritis	YES	NO	Bleeding Tende	ency	YES	NO					
COCIAI HICTORY (C	Smala Om) .									
SOCIAL HISTORY (C Marital Status:	SINGI		MARRIED	SEDA	RATED	DIVO	RCED WIDOWI	ED			
Sexual Preference:	MALE			BOTH		DIVO	RCLD WIDOWI	שב			
Have you been sexually				YES	NO						
How many people live in Employed outside of the		ousehold?	YES NO				tion do you use?				
Are you or have you ever		sposed to		solvents?	YES	NO					
Do you use tobacco (ciga	arettes, ci	igars, pipe	e, chewing tobacc	co)?	YES	NO	If no, previous use	? YES	NO		
)? Packs	per day		10	D.1.1	.1			
Do you use alcoholic bever Have you ever used any			YES NO	CC			Drinks per wee ROIN METHAN		F		
mave you ever used any	JI 1116 101	nowing?	OTHER IV DE		CAINE _		NOIN MEI HA!	VIT TIE I AIVIIINI	نـ		

SOCIAL HISTORY *Continued* (Circle One):

SOCIAL HISTORY CO	типиеи	(Circle (Jue).									
Seatbelts?	AI.W	ALWAYS SOMETIMES		NEVE	R							
Sunscreen?	ALWA		SOMETIMES		NEVE							
Exercise?		ALWAYS SOMETIMES		NEVE								
Regular Balanced Meals? ALWAYS		SOMETIMES		NEVE								
See a dentist regularly? YES		NO										
See an eye doctor regularly? YES			NO Last eye exam?									
	,											
HAVE YOU EVER HA												
Recent weight change	YES	NO	Fast or skipped heartbeat			NO	Urinating more often	YES	NO			
Skin disease	YES	NO	Chest pain or heaviness		YES	NO	Night time urination	YES	NO			
Jaundice (yellow skin)	YES	NO	Shortness of breath		YES	NO	Burning/painful urination	YES	NO			
Hives, eczema, rash	YES	NO	Heart trouble/heart attack			NO	Blood in urine	YES	NO			
Moles or skin changes	YES	NO	High blood pressure		YES	NO	Kidney infection	YES	NO			
Eye problems	YES	NO	Swelling hands/feet/ankle			NO	Kidney stones	YES	NO			
Wear glasses	YES	NO	Heart murmur		YES	NO	Bladder incontinence	YES	NO			
Double vision	YES	NO	Blood clots		YES	NO	Sexually transmitted disease	YES	NO			
Headaches	YES	NO	Anemia		YES	NO	Convulsions/seizures	YES	NO			
Nosebleeds	YES	NO	Peptic ulcer		YES	NO	Fainting spells	YES	NO			
Sinus trouble	YES	NO	Vomiting		YES	NO	Shaking or trembling	YES	NO			
Ear problems	YES	NO	Gallbladder disease		YES	NO	Muscle weakness	YES	NO			
Hearing loss	YES	NO	Liver disease		YES	NO	Stiff or painful joints	YES	NO			
Dizziness	YES	NO	Hepatitis		YES	NO	Hot or cold flashes	YES	NO			
Difficulty swallowing	YES	NO	Blood in stool		YES	NO	Difficulty making decisions	YES	NO			
Neck stiffness	YES	NO	Black stool		YES	NO	Memory loss	YES	NO			
Thyroid disease	YES	NO	Change in bowel habits		YES	NO	Difficulty relaxing	YES	NO			
Swollen glands	YES	NO	Diarrhea		YES	NO	Do you lose your temper often	YES	NO			
Coughing	YES	NO	Heartburn/indigestion		YES	NO	Are you having sexual problems	YES	NO			
Asthma/wheezing	YES	NO	Abdominal pain		YES	NO	Do you feel lonely or depressed	YES	NO			
Problems breathing	YES	NO	Trouble sleeping		YES	NO	Have you ever considered suicide	YES	NO			
Lung disease	YES	NO	Feel ti	red most of the time	YES	NO	Panic or anxiety attacks	YES	NO			
Do you consider your he	alth (circ	le one):	EXCE	LLENT GOOD	FAIR	POOR						
FOR MEN ONLY:					_							
Last testicular exam						Last prostate exam						
FOR WOMEN ONLY:	:											
Age menstrual cycles began						Last mammogram (breast exam)						
How often are periods? Every days						Breast lump or nipple discharge YES NO						
How long do pe	eriods las	t?		_days		•						
How long do pe				_days	Last pa	p smear	& results					
How long do periods last?days						Number of pregnancies						
Date of last period						Number of miscarriages/abortions						
Vaginal discharge YES NO					Have you ever had a DEXA scan? YES NO							
-					If so, w	hen was	your last one?					
REVIEW:												
Signature						Date						