Patient Health History

Mark if you have been diagnosed with any of the following:

___ Breast Cancer
___ Lung Cancer
___ Skin Cancer
___ Throat Cancer
___ Prostate Cancer
___ Other Cancer

___ Migraines

___ Cataracts
___ Glaucoma

___Nasal allergies

___ Sleep apnea

___ Blood clots/DVT
___High cholesterol
___Heart attack/MI
___High blood pressure

___Asthma
___Chronic Bronchitis
___ Emphysema
___Tuberculosis/TB

___ Gastrointestinal Reflux/GERD
___ Hepatitis
___ Stomach ulcer

___ Are you pregnant?
___ Prostate enlargement
___ Renal failure

___ Stroke/CVA

___ Anxiety
___ Depression

___Diabetes
___Thyroid dysfunction

___Anemia
___Hemophilia

___HIV

Tobacco Use:

____ None ____Smokeless tobacco (dip)
____Cigarettes ____Cigars
How many cigarettes/cigars per day? _____

Alcoholic Beverages:

____Beer ____Wine ____Liquor
How many drinks
per day/week/month/year?_____

Do you use recreational drugs? ____Yes ____No

Caffeine Use:

____ None ____ 1 per day
____2-3 per day ____4 or more

Are you exposed to secondhand smoke? ____Y____N
Mark if patient attends daycare ____Y ____N
Will you accept blood transfusion if necessary? ____Y____N
Home Living situation: ____Alone ____With children
____With Mother ____With Father ____With Spouse
____In nursing Home ____In assisted living ____Other

Mark family members who have been diagnosed with the following:

	None	Mother	Father	Brother	Sister
Problems with Anesthesia	_____	_____	_____	_____	_____
Thyroid Cancer	_____	_____	_____	_____	_____
Lung cancer	_____	_____	_____	_____	_____
Unspecified Cancer	_____	_____	_____	_____	_____
Hearing loss	_____	_____	_____	_____	_____
Heart disease	_____	_____	_____	_____	_____
High blood pressure	_____	_____	_____	_____	_____
Asthma	_____	_____	_____	_____	_____
Stroke	_____	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____	_____
Clotting problems/DVT	_____	_____	_____	_____	_____

Please Specify any allergies other than prescription drugs: _____
_____
_____
_____
_____

Deceased or Alive? Mark "D" or "A"
Mother:_____Father:_____Brother:_____Sister:_____