**Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL HISTORY PAST AND/OR PRESENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Allergies** | **□ yes □ no** | **Coronary Art Disease** | **□ yes □ no** | **Meningitis** | **□ yes □ no** |
| **Alzheimer’s Disease** | **□ yes □ no** | **Dementia** | **□ yes □ no** | **MRI Incompatibility** | **□ yes □ no** |
| **Anemia** | **□ yes □ no** | **Depression** | **□ yes □ no** | **Myocardial Infarction** | **□ yes □ no** |
| **Anxiety** | **□ yes □ no** | **Diabetes Mellitus** | **□ yes □ no** | **Nerve/Muscle disease** | **□ yes □ no** |
| **Arthritis** | **□ yes □ no** | **Emphysema** | **□ yes □ no** | **Osteoporosis** | **□ yes □ no** |
| **Asthma** | **□ yes □ no** | **GERD** | **□ yes □ no** | **Seizures** | **□ yes □ no** |
| **Atrial Fibrillation** | **□ yes □ no** | **Gestational Diabetes** | **□ yes □ no** | **Sickle cell anemia** | **□ yes □ no** |
| **Blood Transfusion** | **□ yes □ no** | **Glaucoma** | **□ yes □ no** | **Stroke** | **□ yes □ no** |
| **Cancer** | **□ yes □ no** | **Heart murmur** | **□ yes □ no** | **Substance Abuse** | **□ yes □ no** |
| **Cataracts** | **□ yes □ no** | **HIV/AIDS** | **□ yes □ no** | **Thyroid disease** | **□ yes □ no** |
| **CHF** | **□ yes □ no** | **Hypercholesterolemia** | **□ yes □ no** | **Tuberculosis** | **□ yes □ no** |
| **Clotting disorder** | **□ yes □ no** | **Hypertension** | **□ yes □ no** | **Venous insufficiency** | **□ yes □ no** |
| **COPD** | **□ yes □ no** | **Kidney disease** | **□ yes □ no** |  |  |

**SURGICAL HISTORY PAST AND/OR PRESENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Appendectomy** | **□ yes □ no** | **C-Section** | **□ yes □ no** | **Open Hysterectomy** | **□ yes □ no** |
| **Brain surgery** | **□ yes □ no** | **Eye surgery** | **□ yes □ no** | **Small intestine surgery** | **□ yes □ no** |
| **Breast surgery** | **□ yes □ no** | **Fracture surgery** | **□ yes □ no** | **Spine surgery** | **□ yes □ no** |
| **CABG** | **□ yes □ no** | **Hernia repair** | **□ yes □ no** | **Tonsillectomy** | **□ yes □ no** |
| **Cholecystectomy** | **□ yes □ no** | **Joint replacement** | **□ yes □ no** | **Tubal ligation** | **□ yes □ no** |
| **Colon surgery** | **□ yes □ no** | **Laparoscopic hysterectomy** | **□ yes □ no** | **Valve replacement** | **□ yes □ no** |
| **Cosmetic surgery** | **□ yes □ no** |  |  |  |  |

**FAMILY HISTORY – check illnesses that have occurred in any blood relatives & specify relationship to you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No known problems** | **□ yes □ no** | **Depression** | **□ yes □ no** | **Mental illness** | **□ yes □ no** |
| **Alcohol Abuse** | **□ yes □ no** | **Diabetes Mellitus** | **□ yes □ no** | **Miscarriage** | **□ yes □ no** |
| **Arthritis** | **□ yes □ no** | **Drug Abuse** | **□ yes □ no** | **Prostate Cancer** | **□ yes □ no** |
| **Asthma** | **□ yes □ no** | **Heart Disease** | **□ yes □ no** | **Stroke** | **□ yes □ no** |
| **Breast Cancer** | **□ yes □ no** | **Hyperlipidemia** | **□ yes □ no** | **Parkinson’s Disease** | **□ yes □ no** |
| **Cancer** | **□ yes □ no** | **Hypertension** | **□ yes □ no** | **Adopted** | **□ yes □ no** |
| **Colon Cancer** | **□ yes □ no** | **Kidney Disease** | **□ yes □ no** | **Family Hx Unknown** | **□ yes □ no** |
| **COPD** | **□ yes □ no** | **Learning Disabilities** | **□ yes □ no** |  |  |

**SOCIAL HISTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Abuse History** | **Verbal?** | **□ yes □ no** | **Physical?** | **□ yes □ no** | **Sexual?** | **□ yes □ no** |
|  |  |  |  |  |  |  |
| **Tobacco History** | **Use?** | **□ yes □ no** | **Previous user?** | **□ yes □ no** |  |  |
|  |  |  | **Start Date** | **\_\_\_\_\_\_\_\_\_\_** | **Quit Date?** | **\_\_\_\_\_\_\_\_\_** |
|  | **Cigarettes** | **□ yes □ no** | **Pipe** | **□ yes □ no** | **Smokeless Tobacco** | **□ yes □ no** |
|  | **Packs/Day** | **\_\_\_\_\_\_\_\_\_** | **Years?** | **\_\_\_\_\_\_\_\_\_** |  |  |
|  | **If YES, would you like quit smoking counseling?** | **□ yes □ no** |  |  |
| **Second Hand Smoke Exposure** | **□ yes □ no** | **Source?** | **\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
|  |  |  |  |  |  |  |
| **Alcohol Use** | **□ yes □ no** | **Drinks/week?** | **Wine** | **\_\_\_\_\_\_\_\_\_** | **Beer** | **\_\_\_\_\_\_\_\_\_\_** |
|  |  |  | **Shots/Liquor** | **\_\_\_\_\_\_\_\_\_** |  |  |
|  |  |  |  |  |  |  |
| **Drug Use** | **□ yes □ no** | **Type?** | **\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
|  | **If YES, would you like a brief discussion about drug use?** | **□ yes □ no** |  |  |
|  |  |  |  |  |  |  |
| **Sexual History** | **Active** | **□ yes □ no** | **□ not currently** | **Birth control** | **□ yes □ no** |  |
|  | **Partners?** | **□ Male □ Female** |  | **Type?** | **\_\_\_\_\_\_\_\_\_\_** |  |
|  | **How many partners in last year?** | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Most recent sexual activity?** | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Sexual identity** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |
| **School/Home/Work****Community Status** | **Student?** | **□ yes □ no** | **School attends** | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Employment?** | **□ yes □ no** |
|  | **Volunteer?** | **□ yes □ no** | **Attends church** | **□ yes □ no** | **Special needs?** | **□ yes □ no** |
|  | **Sports/activities** | **□ yes □ no** | **Lives with?** | **\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |