

Patient History Form

Today's Date:						
NIAME.				Data of Digita	, ,	
NAME:	Last	First	M. I.	Date of Birth:	//_	
Age:	Sex: □ F □ M	1 1100	141. 1.			
How did you hear	r about this clinic?					
Describe briefly t	he reason for your visit					
CURRENT MEDIC	ATIONS					
	No ☐ Yes To what?					
	dications that you are now tak	ing. Include non-prescr	iption medication pills per day)	ns & vitamins or supp How long have y o	lements: ou been taking	g this?
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

PAST MED	ICAL HIST	ORY				
Do you now	or have yo	ou ever had:				
☐ Leukemia☐ Psoriasis☐ Angina☐ Heart pro	od pressure lesterol roidism type) a a oblems	ns (please list):	□P □A □S □C	leart murmur neumonia ulmonary embolism sthma mphysema troke pilepsy (seizures) tataracts idney disease idney stones	1	☐ Crohn's disease ☐ Colitis ☐ Anemia ☐ Jaundice ☐ Hepatitis ☐ Stomach or peptic ulcer ☐ Rheumatic fever ☐ Tuberculosis ☐ HIV/AIDS
_						
DEDOONA	LUOTODY					
	L HISTORY	with your birth? (specify	. ()			
vvere triere	e problems	with your bilting (specing	y <i>)</i>			
	Marital status: ☐ Never married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Partnered/significant other What is your current or past occupation?How many hours per week?					
Are you □	retired 🖵	disabled 🛭 sick leave,	how lo	ong?		
List all hos	spitalization	s and/ or surgeries:				
List all dru	g allergies:					
FAMILY H	IISTORY					
		LIVING			IF	DECEASED
(heart o	disease, str	oke, cancer, diabetes, e	etc.)			
	Age (s)	Health or Psychiatr	ic	Age(s) at death		Cause
F. 0	7.90 (3)	Ticalar of T Syomaa	10	/ igo(3) at acain		
Father						
Mother						
Siblings						
Children						
					1	
EXTENDE	D FAMII Y	PSYCHIATRIC PROBL	EMS	PAST & PRESENT	:	
Maternal F		. 5.5			•	
Paternal R	Relatives:					

In the past month, have you had any of the following problems? GENERAL Recent weight gain; how much Recent weight loss: how much Patigue Weakness Weakness Remark Recent weight loss: how much Patigue Weakness Remark Rem		SYSTEMS REVIEW					
Recent weight gair: how much Headaches Depression Excessive worries Dizziness Dizziness Difficulty staying asleep Difficulty staying asleep Difficulty staying asleep Difficultits with sexual arousal Poor appetite Poor carpetite P							
Recent weight loss: how much Patinting or loss of consciousness Excessive worries Pating or loss of consciousness Pating or loss or los	GENERAL	NERVOUS SYSTEM	PSYCHIATRIC				
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□ Weakness □ Numbness or tingling □ Difficulties with sexual arousal □ Poor appetite □ Poor concentration □ Poor concentr	☐ Recent weight loss: how much	☐ Dizziness	☐ Excessive worries				
Weakness Numbness or tingling Difficulty staying asleep	☐ Fatigue	☐ Fainting or loss of consciousness	□ Difficulty falling asleep				
Fever	☐ Weakness						
Poor appetite Food cravings Frequent crying Frequent crying Sensitivity Se	☐ Fever						
MUSCLE/JOINTS/BONES STOMACH AND INTESTINES Frequent crying Joint pain Heartburn Thoughts of suicide / attempts Stomach pain Stress Stomach pain Irritability Thoughts of suicide / attempts Stress Stomach pain Irritability Irritability Thoughts of suicide / attempts Stress Stomach pain Irritability Irritability Irritability Irritability Irritability Miscress Persistent diarrhea Poor concentration Racing thoughts Racing tho	☐ Night sweats	•					
□ Numbness □ Nausea □ Sensitivity □ Intuity pain □ Heartburn □ Intuity pain □ In	MUSCLE/JOINTS/BONES	STOMACH AND INTESTINES					
□ Joint pain		□ Nausea					
□ Muscle weakness □ Joint swelling □ Vomiting □ Vomiting □ Pero concentration □ Racing thoughts □ Parind □ Parind □ Parin Parindia □ P		_ : :::::::::::::::::::::::::::::::::::					
□ Joint swelling Where? □ Yellow jaundice □ Poor concentration □ Racing thoughts □ RarS □ Persistent diarrhea □ Rainging in ears □ Roinging in ears □ Loss of hearing □ Black stools □ Black stools □ Black stools □ Guilty thoughts □ Paranoia □ Redness □ Rapin □ Redness □ Rash □ Roinging in ears □ Loss of vision □ Double or blurred vision □ Dryness □ Color changes of hands or feet □ Difficulty in swallowing □ Pain in jaw KIDNEY/URINE/BLADDER □ Prequent or painful urination □ Palpitations □ Chest pain □ Palpitations □ Shortness of breath □ Rating S □ Swollen legs or feet □ Geough □ PMS WOMENS REPRODUCTIVE HISTORY: Age of first periods: □ Have you reached menopause? Y / N At what age? Do you have regular periods? □ Paleint/Guardian Signature: □ Date: □ Palient/Guardian Signature: □ Palient/Guardian S	The state of the s						
Where?							
EARS Increasing constipation Racing thoughts Hallucinations Racing thoughts Radiness Radiness Radiness Anxiety Paranoia Mood swings Paranoia Mood swings Radeness Anxiety Radeness Rash Risky behavior Nodules/bumps Hair loss Rash Risky behavior Hair loss Color changes of hands or feet OTHER PROBLEMS: THROAT Hair loss Color changes of hands or feet OTHER PROBLEMS: THROAT Hair loss Color changes of hands or feet Dataseness Clots Color changes of hands or feet Heart and Lungs Palin in jaw KIDNEY/URINE/BLADDER Frequent or painful urination Blood in urine Palpitations Blood in urine Heart and Lungs Blood in urine Irregular periods Bloeding between periods Bleeding between periods PMS Pregnancies: Pregnancies: Have you reached menopause? Y / N At what age? Do you have regular periods? Y / N At what age? Patient/Guardian Signature: Datase Datase	_						
EARS	Where:						
Ringing in ears	EARS						
□ Loss of hearing □ Black stools □ Guilty thoughts □ Paranoia □ Paranoia □ Paranoia □ Paranoia □ Paranoia □ Pain □ Redness □ Rash □ Risky behavior □ Loss of vision □ Nodules/bumps □ Double or blurred vision □ Hair loss □ Color changes of hands or feet □ OTHER PROBLEMS: THROAT □ BLOOD □ Frequent sore throats □ Anemia □ Hoarseness □ Clots □ Difficulty in swallowing □ Pain in jaw □ KIDNEY/URINE/BLADDER □ Frequent or painful urination HEART AND LUNGS □ Blood in urine □ Palpitations □ Abnormal Pap smear □ Frequent or painful urination □ Palpitations □ Irregular periods □ Swollen legs or feet □ Bleeding between periods □ Cough □ PMS WOMENS REPRODUCTIVE HISTORY: Age of first period: # Pregnancies: # Miscarriages: □ Date:			_ : :::::::::::::::::::::::::::::::::::				
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