



Date: \_\_\_\_\_

## Health History Update

Please check YES or NO if any symptoms are currently present

NOTE: Please do not leave any blanks

<u>Symptom</u>	<u>Yes</u>	<u>No</u>	<u>Symptom</u>	<u>Yes</u>	<u>No</u>	<u>Symptom</u>	<u>Yes</u>	<u>No</u>
<b>Cardiac:</b>			<b>Respiratory:</b>			<b>Psychiatric:</b>		
Chest Pains			Snoring			Depression		
Palpitations			Hemoptysis (Coughing up blood)			Hallucinations		
Diaphoresis (Excessive sweating)			Dyspnea (shortness of breath)			<b>Hematologic:</b>		
Syncope (fainting)			<b>Gastrointestinal:</b>			Acute Anemia		
Orthopnea (Difficulty breathing laying down)			Nausea			Thrombocytopenia (low blood platelet count)		
PND (breathing disorder related to CHF)			Reflux			<b>Endocrine:</b>		
<b>Vascular:</b>			Bleeding			Goiter (enlarged thyroid)		
Claudication (Pain or limping in legs)			<b>Genitourinary:</b>			Tremors		
Edema or Swelling			Hematuria (Blood in urine)			<b>Derm:</b>		
<b>Constitutional:</b>			Frequent urination at night (>2 times/night)			Rash		
Weight gain			<b>Neurological:</b>			Skin Sores		
Weight loss			Dizziness			<b>Musculoskeletal:</b>		
Fever			Memory loss			Joint Pain		
<b>HEENT:</b> (Head, Ears, Nose & Throat)			Seizures			Myalgia (muscle pain)		
Visual Changes			<b>Reproductive:</b>					
Hearing loss			HX of oral contraception (Birth Control Pills)					

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*(Please see & complete page 2)*

**Please list any medication changes SINCE YOUR LAST VISIT:**

<b>Name:</b>	<b>Dosage/Frequency:</b>	<b>Name:</b>	<b>Dosage/Frequency:</b>
(None)			

**Have you been admitted to the hospital SINCE YOUR LAST VISIT?**

- No**
- Yes**

- If yes, when:**

\_\_\_\_\_

- Which hospital?**

\_\_\_\_\_

- For what reason?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pharmacy Information:**

Local Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail-Order Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_