

MEDICAL HISTORY – REVIEW OF SYMPTOMS

This is to give a good outline of types of past or current problems you have or have had in the past.

Write “C” for a current problem and “P” for a past problem next to the line.

MAIN CONCERNS TODAY: (1) _____ (2) _____ (3) _____

GENERAL CONCERNS

- Fevers / Chills / Night Sweats
- Weight Gain - Recent
- Weight Loss – Recent
- Appetite – Increase/ Decrease
- Chronic Fatigue
- Sleep Difficulty
- Snoring
- Headaches – Migraine/Tension
HA Frequency _____
- History of Physical/Sexual/
Spousal Abuse

EYE CONCERNS

- Wear Contacts or Glasses
- Double or Blurry vision
- Failing or loss of vision
- Eye Pain
- Floaters
- History of Cataracts
Surgery Date _____

EAR/NOSE/THROAT

CONCERNS

- Ear Pain
- Decreased Hearing
- Use Hearing Aids
- Ringing in Ears
- History of Frequent Ear Inf.
- Dizzy Spells / Vertigo
- Sinus Pain
- History of Sinus Infections
- Hay Fever / Allergies
- Problems with Nose Bleeds
- Sore Throat / Oral Ulcers
- Voice Change / Hoarseness
- Difficulty Swallowing
- Dental Problems

LUNG CONCERNS

- Cough – Recent / Chronic
- Bronchitis – Recent / Chronic
- Shortness of Breath
- Pain with Breathing
- History of Asthma
- History of Weak Lungs
- History of Pneumonia or
Pluerisy
- History of Intubation

HEART CONCERNS

- Chest Pain / Angina
- Palpitations / Racing Heart
- Irregular Heart Beat
- High Blood Pressure
- Heart Attacks
- Heart Murmur / Valve Prob.
- Swollen Ankles / Edema

GASTROINTESTINAL BOWEL

- Abdominal Pain
- Heartburn / Acid Reflux
- Ulcers
- Hepatitis / Liver Problems
- Persistent Nausea / Vomiting
- Persistent Diarrhea
- Bloody or Tarry (Black) Stools
- Change in Bowel Habits
- Constipation
- Hemorrhoids
- Rectal Pain
- Diverticulosis
- Diverticulitis
- Gall Bladder Problems
- Hernia

ORTHOPEDIC CONCERNS

- Joint Pain _____
- Joint Swelling _____
- Neck or Back Pain – recurrent
- Leg or Arm Pain
- Numbness / Tingling
- Weakness _____
- Arthritis _____
- Easy Fractures

OSTEOPOROSIS HISTORY

- Loss of Height
- Osteoperosis
- Ospeopenia
- Have been on Meds for
Osteoporosis. If so, list them:

- History of Compression
Fractures
- History of Hip Fractures
Last Dexa Scan: _____

NEUROLOGY

- Headaches – Tension
- Headaches – Migraine
Headache Frequency _____
- Previous Treatments for
Headaches _____
- Tremors
- Balance Problems

DERMATOLOGY / SKIN

CONCERNS:

- Hives
- Eczema / Psoriasis / Rashes
- Easy Bruising
- Skin Cancers
- Pre-Cancerous Skin Lesions

PSYCHIATRIC / MENTAL

ILLNESS:

- Depression / Irritability
- Anger Problems
- Anxiety / Nervousness
- Hospitalization for Mental
Illness
- Counseling
With Whom? _____
- Prior Medications: _____

MENSTRUAL HISTORY /

GYNE. CONCERNS:

- Last Menstrual Period _____
- Age Menses Began _____
- No. of Pregnancies _____
- No. of Live Births _____
- No. of Miscarriages _____
- No. of Abortions _____
- Date of last PAP _____
- Menses:* Reg – Irreg – None
- Menstrual Flow:*
None – Light – Mod – Heavy
- Abn Pap? When: _____
- Hysterectomy with or without
Ovaries
- Pain / Cramps with Menses
Days of flow _____
- Length of cycle _____
- Pain / Bleeding after Sex

- Abnormal Vaginal Bleeding
- History of Tubal Infections
- History of Venereal / STD Inf.
If so, list _____
- History of Tubal Ligation
- Birth Control Method _____
- B.C. Pill Name _____

BREAST HISTORY:

- Date of Last Mammogram _____
- Breast Cancer _____
- History of Fibrocystic Breasts
- History of Abn Mammogram
When? _____
- History of Breast Ultrasound
Results: _____
- History of Breast Biopsy
Results: _____

MENOPAUSAL HISTORY:

- Duration _____
- Flushing / Hot Flashes
- Night Sweats
- Mood Swings
- Depression / Irritability
- Anxiety
- Memory Problems
- Palpitations / Rapid Heart Rate

PROSTATE HISTORY:

- Vasectomy – Date: _____
- Prostate Cancer _____
- History of BPH (enlarged prostate)
- History of Prostate Infections
- History of Venereal / STD Inf.
If so, list _____
- History of Elevated PSA
- History of Prostate Biopsy
Date of Biopsy _____
Results _____

URINARY CONCERNS:

- Urinary Infections – Frequent
- Painful Urination
- Blood in Urine
- Loss of Urine / Leakage
- Nighttime urination 2+ times
- History of Kidney Stones

Synopsis of Medical History / ROS _____
