MEDICAL HISTORY FORM

Patient Name _____ Today's Date _____

Have you been under a doctor's care in the last two years? ❑ Yes ❑ No
If yes, for what? _____

Have you ever been hospitalized, had a major operation,
or a serious illness? ❑ Yes ❑ No
If yes, for what? _____

Have you taken any medications during the past year? ❑ Yes ❑ No
If so, what medicine? _____

Do you have any allergic reaction to any medication? ❑ Yes ❑ No
If yes, please list _____

Do you have any of these conditions. Check (✔) Yes or No.

Heart (disease)	❑ Yes ❑ No	Asthma	❑ Yes ❑ No
Chest pain	❑ Yes ❑ No	Allergies	❑ Yes ❑ No
High blood pressure	❑ Yes ❑ No	AIDS	❑ Yes ❑ No
Stroke	❑ Yes ❑ No	HIV	❑ Yes ❑ No
Diabetes (Type I/Type II)	❑ Yes ❑ No	Emphysema	❑ Yes ❑ No
Cancer	❑ Yes ❑ No	Tuberculosis	❑ Yes ❑ No

Have you lost or gained more than 10 pounds in the last year? ❑ Yes ❑ No
If so, give details. _____

Do you smoke? ❑ Yes ❑ No
Women: Are you pregnant? ❑ Yes _____Months ❑ No

A Read the medical history form. Answer the questions. Circle the correct answer.

MEDICAL HISTORY FORM Date: 3/27/19

Patient Name Silva, Martim Date of Birth 6/18/72

Reason for visit today: Coughing, difficult to breathe

How long have you had these symptoms? Three days

Have you been under a doctor's care in the last two years? ☑ Yes ☐ No

If yes, for what? heart problems and high blood pressure

Have you ever been hospitalized, had a major operation, or had a serious illness? ☑ Yes ☐ No

If yes, for what? Asthma

Please list any medications you are currently taking: aspirin, diuretic

Are you allergic to any medications? ☐ Yes ☑ No

If yes, please list: _____

Do you now or have you ever had:

- ☐ Heart problems
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Cancer (type)
- ☐ Stroke
- ☐ HIV/AIDS
- ☐ Emphysema
- ☐ Tuberculosis
- ☐ Hepatitis
- ☐ Pneumonia
- ☑ Asthma

In the past month, have you had any of the following symptoms?

- ☑ Weight gain or loss
- ☑ Chest pain
- ☑ Shortness of breath
- ☐ Fainting
- ☐ Headaches
- ☐ Dizziness
- ☐ Nausea
- ☐ Stomach pain
- ☐ Vomiting

1. What is the patient's first name?
   a. Silva **b.** Martim
2. In what month does the patient visit the doctor?
   a. March **b.** June
3. How long has the patient had symptoms?
   a. Less than a week **b.** More than a week
4. What illness does the patient have a history of?
   a. Asthma **b.** Diabetes
5. How many symptoms has the patient had in the past month?
   a. Two **b.** Three

B **WRITE ABOUT IT.** Go online and find information about allergies to medication. What are three common drug allergies? What are some common symptoms for these allergies.

Drug	Symptom of allergy
Aspirin	Rash

C **APPLY.** Imagine you're a doctor. You took notes during Ms. Kim's appointment. Use these notes to fill out these sections of her medical history.

Oakdrive Health Center, Rockdale

Patient: Ann Kim

Complaining of stomachache. Symptoms have worsened over the last three days. Severe pain this morning. No nausea or vomiting. Previous history of stomach pain late last year. Ask for patient notes from Dr. Lin in Beechwood Medical Center, Springton.

Reason for patient's visit:

_____

How long has the patient had these symptoms?

_____

Has the patient been under a doctor's care in the last two years? ❑ Yes ❑ No.
If yes, for what?

_____