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. _____

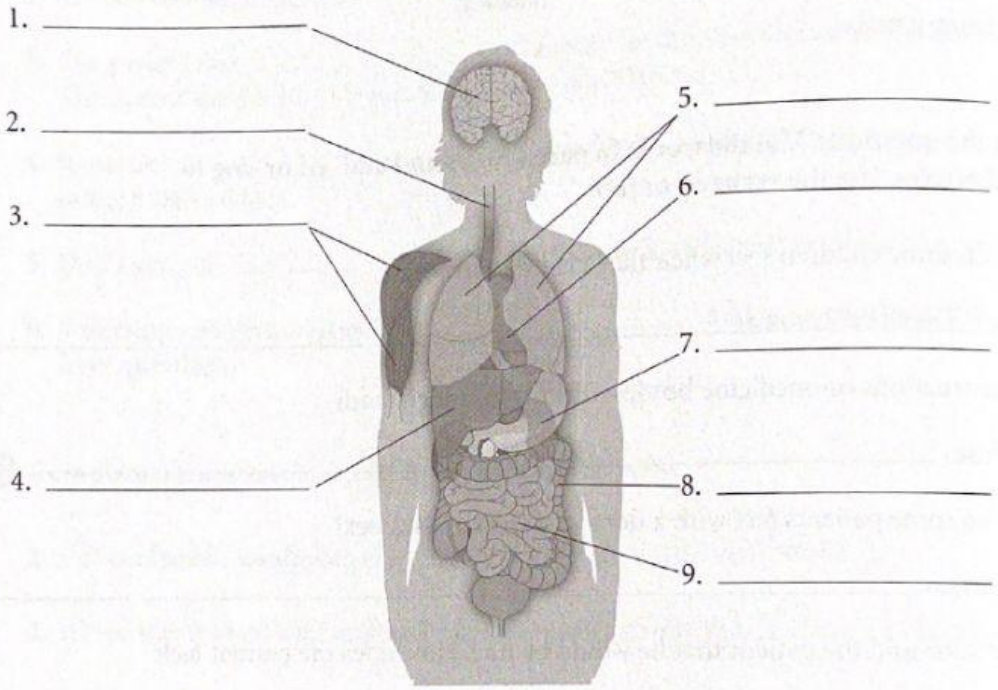
Do you smoke? ❑ Yes ❑ No
Women: Are you pregnant? ❑ Yes _____Months ❑ No

LIVEWORKSHEETS

LIFE SKILLS

A **Look at the diagram of the human body. Label the parts of the body with the words in the box.**

brain	heart	liver	muscles	stomach
esophagus	large intestine (colon)	lungs	small intestine	



B **Read the statements. Write *T* (true) or *F* (false).**

____ 1. The liver is near the stomach.

____ 2. The heart is in the center of the chest.

____ 3. The lungs are below the stomach.

____ 4. The large intestine is around the small intestine.

____ 5. The esophagus is located near the throat.

____ 6. The liver is a small organ.

LIVEWORKSHEETS