



General Medical Information

Name: _____ Date: _____ Age: _____

PAST MEDICAL HISTORY

- | YEAR | ILLNESSES |
|-------|--|
| _____ | () Heart trouble (angina___) (heart attack ___) (Heart failure ___) (Heart murmur ___) (valve disease___) Other_____ |
| _____ | () High blood pressure |
| _____ | () Stroke |
| _____ | () Ulcers (stomach ___) (duodenal___) (colon___) |
| _____ | () Diabetes (high blood sugar) |
| _____ | () Liver disease (hepatitis___) (A___) (B___) (Cirrhosis ___)
Other_____ |
| _____ | () Kidney disease (stones ___) (infections ___) other _____ |
| _____ | () Lung disease (emphysema ___)(TB___)(chronic bronchitis ___)(cancer___)
(frequent pneumonia___)(asthma___)Other_____ |
| _____ | () Blood disorders (anemia___) (leukemia ___) (bleeding tendency ___)
Other_____ |
| _____ | () Eye disease (glaucoma___) Other_____ |
| _____ | () Arthritis (degenerative___) (rheumatoid___) (gout ___)Other_____ |
| _____ | () Cancer, Type _____ |
| _____ | () Psychological difficulties (depression___) (psychosis ___))Other_____ |
| _____ | () Other major illness_____ |
| _____ | () No major illnesses |

- | YEAR | SURGERIES | YEAR |
|-------|---|----------------------------------|
| _____ | () Tonsillectomy _____ | _____ () Gallbladder |
| _____ | () Appendectomy _____ | _____ () Hernia |
| _____ | () Vasectomy_____ | _____ () Prostate |
| _____ | () Cervical (neck)_____ | _____ () Lumbar (low back)_____ |
| _____ | () Hysterectomy (total___) (partial___) | |
| _____ | () Biopsy (result & type_____) | |
| _____ | () Fractures explain_____ | |
| _____ | () Other_____ | |
| | () NO SURGERY | |

MAJOR INJURIES/ ACCIDENTES MAYORES

- () Auto or cycle accidents: _____
() NO MAJOR INJURIES

HOSPITALIZATIONS: _____



MEDICATIONS/MEDICINAS (Names & Dosages, if you have more please list on the back of the page.)

- () _____
- () _____
- () _____
- () _____
- () Birth Control Pill _____

ALLERGIES

Describe Reaction:

- () Penicillin (rash___) (breathing problems___) (required hospitalization___) (nausea/vomiting___)
- () Sulfa (rash___) (breathing problems___) (required hospitalization___) (nausea/vomiting___)
- () Keflex (rash___) (breathing problems___) (required hospitalization___) (nausea/vomiting___)
- () Codeine (rash___) (breathing problems___) (required hospitalization___) (nausea/vomiting___)
- () Other _____
- () None _____

FAMILY MEDICAL HISTORY/HISTORIA MEDICA FAMILIAR

MOTHER: () Alive & well () Alive but suffers with: _____ Age _____
() Deceased / Cause: _____ Age of death _____

FATHER: () Alive & well () Alive but suffers with: _____ Age _____
() Deceased / Cause: _____ Age of death _____

SIBLINGS: () Alive & well () Alive but suffers with: _____ Age _____
() Deceased / Cause: _____ Age of death _____

Members of my family: (brothers, sisters, grandparents, aunts, uncles) suffer from the following:

- () Stroke () Cancer. Type _____
- () High blood pressure () Lung disease
- () Diabetes () Back problems
- () Heart trouble () I don't know
- () Arthritis () Other _____

SOCIAL HISTORY/HISTORIA SOCIAL

1. Married ____, Separated ____, Divorced ____, Widow-Widower ____, Single _____

No. of children at home _____ No. of children away _____

2. I work as/ am retired from _____

3. I drink alcohol: None _____ Daily _____ Socially _____
Beer _____ Wine _____ "Hard drinks" _____

I drink too much _____

Others think I drink too much _____

4. I smoke: None _____ Cigarettes _____ Pipe _____ Cigars _____

I smoke _____ packs _____ a day, for _____ years.