MEDICAL HISTORY CHECKLIST

THIS DOCUMENT PREPARED FOR:	THIS DOCUMENT PREPARED BY: . .	LAST UPDATE:

HAS THIS PERSON EVER HAD:	YES	NO	???		YES	NO	???
Anemia	☐	☐	☐	Arthritis	☐	☐	☐
Asthma	☐	☐	☐	Back Trouble	☐	☐	☐
Bladder Infections	☐	☐	☐	Bleeding Tendency	☐	☐	☐
Blood Transfusion	☐	☐	☐	Bronchitis	☐	☐	☐
Cancer	☐	☐	☐	Diabetes	☐	☐	☐
Exposure To TB	☐	☐	☐	Hay Fever / Sinusitis	☐	☐	☐
Hemorrhoids	☐	☐	☐	Hepatitis (Yellow Jaundice)	☐	☐	☐
High Blood Pressure	☐	☐	☐	Hives	☐	☐	☐
Infectious Mononucleosis	☐	☐	☐	Kidney Disease	☐	☐	☐
Malaria	☐	☐	☐	Meningitis	☐	☐	☐
Nose Bleeds	☐	☐	☐	Pleurisy	☐	☐	☐
Pneumonia	☐	☐	☐	Scarlet Fever	☐	☐	☐
Tuberculosis	☐	☐	☐	Ulcer	☐	☐	☐

NOTE:

FAMILY HISTORY	YES	NO	???		YES	NO	???
Alcoholism	☐	☐	☐	Alzheimers	☐	☐	☐
Anemia	☐	☐	☐	Asthma	☐	☐	☐
Cancer	☐	☐	☐	Chronic Diarrhea	☐	☐	☐
Chronic Lung Disease	☐	☐	☐	Congestive Heart Failure	☐	☐	☐
Convulsions or Seizures	☐	☐	☐	Crippling Arthritis	☐	☐	☐
Diabetes	☐	☐	☐	Emphysema	☐	☐	☐
Enlarged Heart	☐	☐	☐	Gallbladder Disease	☐	☐	☐
Gout	☐	☐	☐	High Blood Pressure	☐	☐	☐
Kidney Disease	☐	☐	☐	Leukemia	☐	☐	☐
Mental Illness	☐	☐	☐	Migraine Headaches	☐	☐	☐
Obesity	☐	☐	☐	Peptic Ulcer	☐	☐	☐
Repeated Infections	☐	☐	☐	Severe Allergies	☐	☐	☐
Suicide	☐	☐	☐	Thyroid Trouble	☐	☐	☐

NOTE:

SURGERIES	YES	NO	???		YES	NO	???
Breast	☐	☐	☐	C Section	☐	☐	☐
Gall Baldder	☐	☐	☐	Heart	☐	☐	☐
Hemorrhoids	☐	☐	☐	Hernia	☐	☐	☐
Kidney Stones	☐	☐	☐	Other (See Category Note)	☐	☐	☐
Prostate	☐	☐	☐	Thyroid	☐	☐	☐
Tonsils	☐	☐	☐	Uterus / Ovary	☐	☐	☐
Varicose Veins	☐	☐	☐				

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INJURIES	YES	NO	???		YES	NO	???
Abdomen	☐	☐	☐	Back	☐	☐	☐
Broken Bones	☐	☐	☐	Chest	☐	☐	☐
Head	☐	☐	☐	Other (See Category Note)	☐	☐	☐

NOTE:

ALLERGIES	YES	NO	???		YES	NO	???
Aspirin	☐	☐	☐	Carrotts	☐	☐	☐
Claritan	☐	☐	☐	Cosmetics	☐	☐	☐
Dust	☐	☐	☐	Other (see Category Note)	☐	☐	☐
Paint & Solvents	☐	☐	☐	Peanuts	☐	☐	☐
Penicillin	☐	☐	☐	Shell Fish	☐	☐	☐
Soap	☐	☐	☐	Sulfa	☐	☐	☐
Tetanus Antitoxin	☐	☐	☐				

NOTE:

IMMUNIZATIONS	YES	NO	???		YES	NO	???
Cholera	☐	☐	☐	Cholera	☐	☐	☐
Ebola	☐	☐	☐	Flu	☐	☐	☐
Other (see Category Note)	☐	☐	☐	Pneumoxas	☐	☐	☐
Polio Oral	☐	☐	☐	Polio Vacine	☐	☐	☐
Smallpox	☐	☐	☐	Tetanus Shot	☐	☐	☐
Typhoid	☐	☐	☐	Typhus	☐	☐	☐
West Nile	☐	☐	☐				

NOTE:

SYMPTOMS IN THE LAST 6 MONTHS:	YES	NO	???		YES	NO	???
Hernia	☐	☐	☐	Marked Weight Change	☐	☐	☐
Night Sweats	☐	☐	☐	Persistent Fever	☐	☐	☐
Sensitivity To Cold	☐	☐	☐	Sensitivity To Heat	☐	☐	☐
Tire Easily	☐	☐	☐	Weakness	☐	☐	☐

NOTE:

SKIN	YES	NO	???		YES	NO	???
Change In Color	☐	☐	☐	Changes In Hair	☐	☐	☐
Changes In Nails	☐	☐	☐	Eruptions (Rash)	☐	☐	☐

NOTE:

EYES	YES	NO	???		YES	NO	???
Corrective Lenses	☐	☐	☐	Difficulty Seeing	☐	☐	☐
Double Vision	☐	☐	☐	Eye Pain	☐	☐	☐

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EARS	YES	NO	???		YES	NO	???
Discharge	☐	☐	☐	Hearing Loss	☐	☐	☐
Ringing In Ears	☐	☐	☐				

NOTE:

NOSE	YES	NO	???		YES	NO	???
Excess Discharge	☐	☐	☐	Frequent Colds	☐	☐	☐
Loss Of Smell	☐	☐	☐	Nosebleeds	☐	☐	☐
Obstruction	☐	☐	☐				

NOTE:

MOUTH	YES	NO	???		YES	NO	???
Dental Problems	☐	☐	☐	Sore Gums	☐	☐	☐
Sore Tongue	☐	☐	☐				

NOTE:

THROAT	YES	NO	???		YES	NO	???
Hoarseness	☐	☐	☐	Post Nasal Drainage	☐	☐	☐
Soreness	☐	☐	☐				

NOTE:

BREASTS	YES	NO	???		YES	NO	???
Discharge	☐	☐	☐	Lumps	☐	☐	☐

NOTE:

CARDIO-RESPIRATORY SYSTEM	YES	NO	???		YES	NO	???
Bloody Sputum	☐	☐	☐	Bluish Fingers Or Lips	☐	☐	☐
Chest Pain Or Discomfort	☐	☐	☐	Difficulty Breathing While Prone	☐	☐	☐
Heart Disease	☐	☐	☐	High Blood Pressure	☐	☐	☐
Other (See Category Note)	☐	☐	☐	Pain On Breathing	☐	☐	☐
Palpitations	☐	☐	☐	Persistent Cough	☐	☐	☐
Rheumatic Fever	☐	☐	☐	Shortness Of Breath	☐	☐	☐
Sputum (Phlegm)	☐	☐	☐	Swelling Of Ankles	☐	☐	☐
Vein Problems	☐	☐	☐	Wheezing	☐	☐	☐

NOTE:

GASTRO-INTESTINAL	YES	NO	???		YES	NO	???
Abdominal Distress	☐	☐	☐	Abdominal Enlargement	☐	☐	☐
Belching Or Excess Gas	☐	☐	☐	Change In Appetite	☐	☐	☐
Constipation	☐	☐	☐	Difficulty Swallowing	☐	☐	☐
Heartburn	☐	☐	☐	Hemorrhoids	☐	☐	☐
Jaundice	☐	☐	☐	Nausea	☐	☐	☐
Rectal Bleeding	☐	☐	☐	Tarry Stools	☐	☐	☐
Vomiting	☐	☐	☐	Vomiting Blood	☐	☐	☐

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GENITOURINARY SYSTEM	YES	NO	???		YES	NO	???
Blood In Urine	☐	☐	☐	Burning During Urination	☐	☐	☐
Increase In Daily Urination	☐	☐	☐	Increase In Nightly Urination	☐	☐	☐
Lack Of Sex Drive	☐	☐	☐	Pain During Urination	☐	☐	☐
Unable To Hold Urine	☐	☐	☐	Urge to Urinate W/Out Urine	☐	☐	☐

NOTE:

ENDOCRINE	YES	NO	???		YES	NO	???
Adrenal Problems	☐	☐	☐	Cortisone Treatment	☐	☐	☐
Diabetes	☐	☐	☐	Thyroid Problems	☐	☐	☐

NOTE:

LOCOMOTOR	YES	NO	???		YES	NO	???
Deformity Of Joints	☐	☐	☐	Joint Pain	☐	☐	☐
Muscle Cramps	☐	☐	☐	Muscle Weakness	☐	☐	☐
Stiffness	☐	☐	☐	Swollen Joints	☐	☐	☐

NOTE:

NERVOUS SYSTEM	YES	NO	???		YES	NO	???
Change In Sensation	☐	☐	☐	Convulsions Or Seizures	☐	☐	☐
Depression	☐	☐	☐	Dizziness	☐	☐	☐
Fainting	☐	☐	☐	Headache	☐	☐	☐
Memory Loss	☐	☐	☐	Nervousness	☐	☐	☐
Paralysis Of Muscles	☐	☐	☐	Poor Coordination	☐	☐	☐
Sleeplessness	☐	☐	☐	Weakness Of Muscles	☐	☐	☐

NOTE: