

**HISTORY AND PHYSICAL: COMPLETED BY PATIENT**

**SOCIAL HISTORY:** Employer: \_\_\_\_\_ Job Position: \_\_\_\_\_

Unemployed  Disabled  Retired  Education:  hs  college  graduate

Marital status:  Married  Single  Divorced  Widowed  Live alone  Adult assist available if necessary

Children: # \_\_\_\_\_ Ages: \_\_\_\_\_

Communication barriers:  Visual  Hearing  Speech  Primary language: \_\_\_\_\_  Translator available

**FAMILY HISTORY:** (list all conditions experienced by blood relatives)

Mother:  alive/ well  deceased: age \_\_\_\_\_ cause \_\_\_\_\_ Father:  alive/well  deceased: age \_\_\_\_\_ cause \_\_\_\_\_

CONDITION	YES	NO	RELATIONSHIP(S)	CONDITION	YES	NO	RELATIONSHIP(S)
HEART DISEASE				DIABETES			
HIGH BLOOD PRESSURE				CANCER/TYPE			
STROKE				PROBLEMS WITH ANESTHESIA			
ARTHRITIS/TYPE				CLOTTING PROBLEMS			

**Please circle conditions or illnesses that you have experienced. Enter additional information where indicated. The nurse will review this information with you and answer any questions that you might have. Thank you.**

GENERAL	HEAD/NECK	NEURO	HEART	CHEST	ABDOMEN	ENDOCRINE/REPROD	MUSCULOSKELETAL	
overweight	glasses	migraines	palpitations	cough	food allergy	diabetes-child	carpal tunnel-left	
underweight	contacts	tremors	murmur	congestion	ulcers	diabetes-adult	carpal tunnel-right	
recent wt loss	blind-left	numb areas:	mitral valve prolapse	difficulty breathing	gall bladder disease	hypothyroidism	cubital tunnel-left	
recent wt gain	blind-right		heart disease	chest pain	GI bleeding	hyperthyroidism	cubital tunnel-right	
Current fever	blind-both	tingling:	heart attack	emphysema	hernia	Cushing's Syndr.	tennis elbow-R	
Current chills	glaucoma		bypass surgery	tuberculosis	hemorrhoids	Currently pregnant	ganglion cysts	
Recent night sweats	cataracts		↑blood pressure	asthma	liver disease	regular period	arthritis	
fatigue	ringing ears	paralysis:	varicose veins	chronic infection	reflux	menopause	fibromyalgia	
fainting	deaf-right		blood clots	lung cancer	<b>KIDNEYS</b>	abnormal bleeding	gout	
<b>SKIN</b>	deaf-left		pain on walking	last chest xray:		burning	tubal ligation	back injury
dry skin	deaf-both	epilepsy	cold extremities		itching	hysterectomy	difficulty walking	
psoriasis	Chronic sinusitis	MS	bleed easily	breast biopsy	urgency	abnormal PAP	difficulty standing	
rashes	nosebleeds	anxiety	blood thinners	nipple discharge	retention	uterine cancer	difficulty sitting	
dermatitis	sore throat	mood swings	anemia	breast cancer	dribbling	ovarian cancer	muscle weakness	
latex allergy	sleep apnea	depression	Hepatitis A	breast implants	incontinence	cervical cancer	bone cancer	
bruise easily	dentures	bipolar	Hepatitis B	last mammogram:	kidney stones	penile discharge	joint replacement:	
slow healing	difficulty swallowing	high stress	Hepatitis C		kidney failure	penile lesions		
heavy scarring	swelling in neck	insomnia	HIV			testicular cancer		
skin lesions-benign	stiff neck	recent life changes:	Last EKG:			prostatitis	assistive devices:	
skin cancer-malign.								prostate cancer
								venereal disease

PREVIOUS ANESTHESIA:  general  local  other: \_\_\_\_\_  past problems with anesthesia: \_\_\_\_\_

HABITS: Smoking:  never  quit X \_\_\_\_\_ months / yrs  current: \_\_\_\_\_ packs per day X \_\_\_\_\_ yrs

Alcohol use:  never  rarely  moderate  frequent drinks/wk \_\_\_\_\_ drinks/day \_\_\_\_\_

OTHER IMPORTANT HEALTH INFORMATION: \_\_\_\_\_

PATIENT NAME: