

Yearly update: Patient Health History

NO CHANGES

General Health

- Good general health
- Recent weight change
- Loss of appetite
- Fatigue
- Fever/chills

Allergy

- Drug allergies: see above
- Food allergies: _____
- Hay fever
- Latex
- None

ENT

- Difficulty swallowing
- Loss of hearing/deaf
- Loss of smell/taste
- Ringing in ears
- Sinus infection
- Sores in mouth
- None

Eyes

- Blurred vision
- Double vision
- Glaucoma
- Injury
- Pain
- Contacts
- Glasses
- None

Gastrointestinal

- Blood in stools
- Increasing constipation
- Nausea/vomiting
- Persistent diarrhea
- Stomach/abdominal pain
- Ulcer
- Other: _____
- None

Genitourinary

- Blood in urine
- Kidney stones
- Male: prostate disease
- Painful or burning urination
- Urgency with urination
- Urine retention/incontinence
- None

Heart

- Pain in chest
- High blood pressure
- High cholesterol

Muscles/Joints/bones

- Back pain
- Difficulty walking
- Joint pain
- Joint stiffness/swelling
- Muscle pain or tenderness
- Neck pain
- None

Neurological

- Balance trouble/weakness
- Neuropathy
- Tremors
- Numbness/tingling
- Black outs/loss of consciousness
- Difficulty speaking/walking
- Migraines
- Stroke
- Neuropathy
- Dizziness/light-headed
- Headaches
- Other: _____
- None

Surgeries: _____

Psychiatric

- Depression
- Anxiety
- Eating disorder
- Other: _____
- None

Pulmonary

- Asthma
- Cough w/ blood
- Cancer: _____
- Chronic cough
- Emphysema
- Pneumonia
- Shortness of breath
- COPD
- Other: _____
- None

Skin

- Rash or itching
- Sun sensitivity
- Hair loss
- Color changes
- Other: _____
- None

Sleep

- Snoring
- Nightmares
- Sleep well
- Feel rested when awake
- Fall asleep during day
- Sleep walking
- None

Medications: please list all medications you are taking with dose and frequency:
Please include any herbal or over the counter

See med list

Drug	Dose/frequency
_____	_____
_____	_____
_____	_____
_____	_____