

General Health History

Please circle all problems for which you have been treated.

General

Fatigue
Weight Gain
Weight Loss

Skin

Melanoma
Psoriasis
Other Skin Cancers

EENT

Vision Problems
Macular Degeneration
Hearing Problems
Speech Problems

Endocrine

Diabetes
Adrenal Gland Problems
Thyroid Problems

Pulmonary

Asthma
Emphysema
COPD
Chronic Bronchitis
Shortness of Breath
Tuberculosis
Occupation Dust Exposure
(e.g., Coal Dust, Asbestos)

Cardiac

Heart Attack
Angioplasty
Chest Pain/Angina
Irreg. Heart Beat/
Palpitations
Congestive Heart Failure
Rheumatic Fever
Heart Murmur
Mitral Valve Prolapse

Vascular

High Blood Pressure
Phlebitis
Circulation Problems
Leg Swelling

Hematologic

Bleeding Problems
Bruising
Blood Clots
Anemia
ITP (Idiopathic thrombocytopenia)
Immune System Disease
(e.g., AIDS)
Lyme Disease

Gastrointestinal

Ulcers/Gastritis
Reflux/Heartburn
Colitis
Hiatal Hernia
Hepatitis
Jaundice
Liver Disease
Pancreatitis
Vomit Blood
Blood in Stools

Urological/Genital

Kidney Failure
Dialysis
Kidney Stone
Bladder Infections
Weak Bladder/Incontinence
Difficulty Voiding
Endometriosis
Ovarian Cysts
Abnormal PAP Smears
Sexually Transmitted Diseases

Musculoskeletal

Arthritis
Artificial Joints
Osteoporosis/Osteopenia
Chronic Neck or Back Pains
Muscle Disease
Fibromyalgia

Immune System

Lupus
Scleroderma
Sarcoidosis
Rheumatoid Arthritis

Neurologic

Stroke/TIA
Seizure
Weakness
Numbness
Paralysis
Nervousness

Psychological

Depression
Anxiety Disorder
Alzheimer's
Dementia
Sleep Disorder
Bipolar/Manic-Depressive

Please List All Cancers: _____

Patient Name: _____ Signature: _____ Date: _____