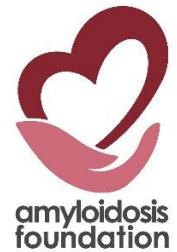


Section 2: Health History & Lab Results



In this section:

- Patient Medical History
- Lab Results

How to use this section:

- Complete the Patient Medical History form and keep it in the binder.
- Use this information when visiting a new doctor or if a caregiver must take the patient to the Emergency Department.
- Print Lab Results from health care providers and keep them here.
- Keep vaccinations records here. These might include flu, pneumonia, or shingles vaccinations.

Notes:

Patient Medical History

Name: _____ **Date of Birth:** _____

Address: _____

Allergies (medication, food, environment): _____

Current Medical Condition: (pacemaker, diabetes, etc.): _____

Smoker: Yes No **How long:** _____ **Quit date:** _____

Primary Care Physician: _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

Family Members and/or Primary Caregivers to Contact in Case of Emergency:

Name and Relationship	Phone Number(s)

List of Surgeries or Procedures	Physician	Hospital/Clinic	Date	Complications?

Immunizations: Check or date all that apply

Tetanus, diphtheria, pertussis (Td/Tdap) _____ Varicella (chicken pox) _____
 Zoster (shingles) _____ Human papillomavirus (HPV) _____ Influenza _____
 Measles, mumps, rubella (MMR) _____ Meningococcal (meningitis) _____
 Pneumococcal (pneumonia) _____ Hepatitis A _____ Hepatitis B _____

Preventative Screenings: Check or date all that apply

A1C / Blood sugar _____ Cholesterol _____ Colonoscopy/colon cancer _____
 Mammogram _____ Pap Smear _____ Bone density _____
 Prostate screening _____ PSA _____ Testicular cancer _____
 Eye Exam _____ Dental Exam _____ Hearing test _____

Family History: List any diseases, cancer, diabetes, high blood pressure, etc.

Relative	Sex	Age	Death	Conditions
Mother				
Father				
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				

Check all that apply:

A history of:

- Alcohol use _____ # drinks per day
- Autoimmune diseases
- Asthma
- Bleeding disorders
- Blood clots
- Bronchitis
- Cancer (type) _____
- Chronic cough
- Congestive heart failure
- COPD
- Depression
- Diabetes
- Emphysema
- Headaches

- Heart Attack
- Hepatitis (type) _____
- Hernia
- High Blood Pressure (Hypertension)
- Illicit drug use (type) _____
- Immuno-compromising condition
- Lupus
- Mitral valve prolapse (heart murmur)
- Osteoporosis or Osteopenia
- Rheumatoid arthritis
- Seizures
- Shortness of breath

- Stroke
- Thyroid disease
- Tuberculosis

Allergies or Adverse Reactions:

- Adhesive tape
- Anesthesia
- Antibiotics
- Aspirin
- Codeine
- Demerol
- Iodine
- Latex
- Morphine
- Penicillin
- Stitches material
- Valium