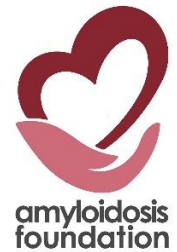


## Section 2: Health History & Lab Results



### 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 \_\_\_\_\_ Hepatitis C \_\_\_\_\_

**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
<b>Mother</b>				
<b>Father</b>				
<b>Sibling 1</b>				
<b>Sibling 2</b>				
<b>Sibling 3</b>				
<b>Sibling 4</b>				

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