

 $Specialists\ in\ Prevention\ Diagnosis\ and\ Treatment\ of\ Adult\ Illness$ 

## **MALE HISTORY**

	(Returning patients may update as needed since last complete exar ate:					CHECK ONE:    Married   Single   Widowed    Divorced   Living Together			
Name		Bate	. OI DII (II			□ Divorced □ Li	ving Together		
Occupation/En	nployer:		Highest Level of Education:						
HOSPITALIZATIO	ONS IF YOU HAVE BEEN	N IN THE HOSPITAL OVERNIGHT   STA	ATE THE YEAR	I ILLNESS/OPI	ERATION				
YEAR			YEAR			S OR OPERATION			
					-				
MEDICAL HISTORY MARK C FOR CURRENT PROBLEM; MARK X AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR PROCEDURES.									
LIST MAIN PR	ROBLEMS: 1)								
Decreased Hearing		Leg Pain when Walking	eg Pain when Walking BI		der	Mental Illness			
Ringing in Ear		Varicose Veins/Phlebitis		Chronic Fatigue		Alcoholism			
Ear Infections – Frequent		Loss of Appetite – Recent		Weight Loss – Recent		Blood Transfusion			
Dizzy Spells		Difficulty Swallowing		Anemia Bruise Easily		Chicken Pox			
Failing Visions		Indigestion/Heartburn		Cancer		Polio			
Double or Blurred Vision		Persistent Nausea/Vomiting		Diabetes		Measles			
Eye Pain Eye Disease		Peptic Ulcers		Thyroid Disease		Mumps			
Eye Infections – Frequent		Abdominal Pain – Chronic		Convulsions/Seizures		German Measles			
Nose Bleeds – Recurring		Change in Bowel Habits-Recen		Stroke		Tuberculosis			
Sinus Trouble		Diarrhea		Tremor/Hands Shaking		Rheumatic Feve	er		
Frequent Sore Throats		Constipation	Muscle Weakness		ess	Scarlet Fever			
Allergies/Hay Fever		Diverticulosis	Neuro		l: C .:	0.1 6	n:		
Hoarseness – Prolonged		Bloody or Tarry Stools		Numbness/Tingling Sensations		Other Symptoms of	Disease		
Pneumonia Lung Disease		Hemorrhoids Gall Bladder Trouble		Headaches – Frequent					
Bronchitis/Chronic Cough				Migraines					
Asthma/Wheezing		Jaundice/Hepatitis		Arthritis/Rheumatism					
Shortness of Breath		Hernia		Back Pain – Recurring					
On Exertion Lying Flat		Urine Infections – Frequent		Bone Fracture/Joint Injury		MISCE	LLANEOUS		
High Cholesterol		Painful Urination		Gout Osteoporosis					
Chest pain Angina		Blood in Urine		Foot Pain Cold Numb Feet					
High Blood Pressure		Overnight Urination (2+)		Rashes Hives					
Heart Murmur Heart Attack		Control in Urination		Psoriasis Eczema					
Palpitations		Decrease in Force Urination		Sleeping – Difficulty					
Heart Valve Disease		Kidney Stones		Nervousness Depression					
Irregular Pulse		Other Kidney/Bladder Infectio		Memory Loss					
Swollen Ankles		Venereal Disease		Moodiness – Excessive					
Fainting Spells			Urethral Discharge Phob						
FAMILY HISTORY IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING, INDICATE WHICH RELATIVE.									
□ Tuberculosis		□ Diabetes	🗆 Oth	□ Other					
□ Stroke		□ Cancer							
□ Migraine		□ Glaucoma							
□ Mental Illness			□ Heart Attack						
		☐ Arthritis/Gout							
		□ Lung Disease							
☐ Epilepsy		☐ Kidney Disease	_						
	OU NOW OR HAVE EV	ER DR	RUG ALLERGIE:	5	LIST O	ALL MEDICATIONS	YOU NOW TAI	ΚE	
CURRENT SMOKE		DRUG	R	EACTION	MEDICATION		DOSE	DAY	
FORMER SMOKE									
	□ YES □ NO DRINKS/W								
DRINK COFFEE/TEA   YES   NO CUPS/DAY									
USE(D) STREET/ILLEGAL DRUGS □ YES □ NO		NU							
TYPE:	HEALTH HARITS	THE	CT TIME VOL	HAD					
			AST TIME YOU HAD						
DO YOU EXERCISE?   YES   NO			FLU SHOT TETANUS SHOT						
TYPE:		HEPATITIS VACC	PNEUMONIA SHOT						
DURATION: FREQUENCY:		RECTAL EXAM		T.B. TEST					
OTHER: USE SUNSCREEN?   YES   NO		STOOL BLOOD TEST _		SIGMOID EXAM DENTAL EXAM					
EXAMINE SKIN FOR CHANGES?   YES   NO		EYE EXAM IO CHOLESTEROL TEST							
USE SEAT BELTS?   VES   NO		PROSTATE EXAM							

DO YOU HAVE ANY OTHER MEDICAL PROBLEMS FOR WHICH YOU HAVE BEEN SEEING A DOCTOR ON A REGULAR BASIS? PLEASE LIST THEM

ARE YOU HAVING ANY SYMPTOMS OR PROBLEMS THAT YOU WOULD LIKE TO DISCUSS? PLEASE LIST THEM