Patient Name_____ Date_____

HEALTH HISTORY

Have you had any of the following?

[ ] AIDS/HIV
[ ] Alcoholism
[ ] Allergy shots
[ ] Anemia
[ ] Anorexia
[ ] Appendicitis
[ ] Arthritis
[ ] Asthma
[ ] Bleeding disorders
[ ] Breast lump
[ ] Bronchitis
[ ] Bulimia
[ ] Cancer
[ ] Cataracts
[ ] Chemical dependency
[ ] Chicken pox
[ ] Depression/ Anxiety
[ ] Diabetes
[ ] Emphysema
[ ] Epilepsy
[ ] Fractures
[ ] Glaucoma
[ ] Goiter
[ ] Gonorrhea
[ ] Gout
[ ] Headaches
[ ] Heart disease
[ ] Hepatitis
[ ] Hernia
[ ] Herniated disk
[ ] Herpes
[ ] High blood pressure
[ ] High cholesterol
[ ] Kidney disease
[ ] Liver disease
[ ] Measles
[ ] Miscarriage
[ ] Mononucleosis
[ ] Multiple sclerosis
[ ] Mumps
[ ] Osteoporosis
[ ] Pacemaker
[ ] Parkinson's disease
[ ] Pinched nerve
[ ] Pneumonia
[ ] Polio
[ ] Prostate problem
[ ] Prosthesis
[ ] Psychiatric care
[ ] Rheumatoid arthritis
[ ] Rheumatic fever
[ ] Scarlet fever
[ ] Stroke
[ ] Suicide attempt
[ ] Surgery
[ ] Thyroid problems
[ ] Tonsillitis
[ ] Tuberculosis
[ ] Tumors/ Growths
[ ] Typhoid fever
[ ] Ulcers
[ ] Urinary tract infections
[ ] Vaginal infections
[ ] Venereal disease
[ ] Whooping cough
[ ] Other

FAMILY HISTORY

Have your immediate family members had any of the following?

[ ] High blood pressure
[ ] Heart disease
[ ] Emphysema
[ ] Seizures-Convulsions
[ ] Osteoporosis
[ ] HIV
[ ] Asthma
[ ] Diabetes
[ ] Kidney disease
[ ] Back problems
[ ] Ulcer or stomach problems
[ ] Stroke
[ ] Arthritis-Rheumatism
[ ] Mental illness
[ ] Headaches
[ ] Thyroid disease
[ ] Circulation problems
[ ] Cancer
[ ] Other

EXERCISE: [ ] daily [ ] 4-5x/wk [ ] 2-3x/wk [ ] 1x/wk [ ] occasionally [ ] never

HABITS: [ ] smoking [ ] alcohol [ ] coffee/caffeine drinks [ ] drugs

MEDICATIONS: _____

VITAMINS: _____

ALLERGIES: _____

DOCTOR'S NOTES: _____

_____

_____

_____

_____

_____

_____

_____

_____

Allcare Health and Rehabilitation
734 E. Warrington Ave. Pittsburgh, PA 15210 (412)482-3727

Patient Name_____ Date_____

_____

_____

_____