## **Mease PATT Patient Health History**

Patient:							Date:			_
Relationship to Pa		Completed by:								
HEART		YES	NO	STOMACH / ABDOMINAL	YES	NO	BRAIN / NERVES		YES	NO
Abnormal EKG				Constipation			Dizziness			
Angina				Diarrhea			Headache			
Chest Pain				Nausea or vomiting			Head Injury			
Heart Attack				Ostomy			Memory Loss			
Heart Disease				Cirrhosis			Gout			
Heart Murmur				Hepatitis – A – B – C			Recent Falls			
High Blood Pressure				Jaundice			Seizure Disorder			
Low Blood Pressure							Stroke			
Pacemaker / Defi	ibrillator									
				BLOOD / IMMUNE SYSTEM	YES	NO	MUSCLE / E	BONE	YES	NO
LUNGS		YES	NO	Anemia			Back Trouble			
Abnormal Chest X-ray				Blood Disorder			Broken Bones / Fractures		1	
Asthma				Bruises			Joint Pain		+	
Collapsed Lung				Cancer			Joint Stiffness		+	
Cough Over Two Weeks				Cold or Fever			Muscle Weaknes	is s	+	
				Sore Throat					+	
COPD (Chronic Obstructive Pulmonary							LIBOLOCY		VEC	NO
Disease				Hemophilia			UROLOGY		YES	NO
Cystic Fibrosis				HIV / AIDS			Burning on Urination			
Emphysema				Immune Deficiency			Dialysis			
Pneumonia				Night Sweats			Kidney Problems			
Shortness of Breath				Recent Infection			Blood in Urine			
Tuberculosis or positive skin test				Sickle Cell Anemia			Prostate Problems (Male)			
				Swollen Glands						
DIABETES / THYROID		YES	NO	Skin Rash			GYNECOLOGICAL		YES	NO
Diabetes							Pregnant			
Hypoglycemia (Low blood sugar)				GENERAL	YES	NO	Ovarian Cyst / Mass			
Thyroid Disease				Alcohol use			Endometriosis			
				Illegal Drug use			Fibroids			
EYES		YES	NO	Very Large Weight Loss						
Cataract History				Anxiety			COVID VACCINATION Y		YES	NO
Glaucoma History				Depression			Completed Vaccination			
Other Eye History				-1			Vaccination Type:			1
	1						, ,			
ALLERGIES: (includ	le medicine, food, latex,	iodine,	etc.)				NONE			
What are you allergic to?			What	kind of allergic reaction do yo	u have	and h	d how serious? Age Fir		t Discovered	
							•			
PAST SURGICAL PR	AST SURGICAL PROCEDURES: (include side/site if applicable)						NONE			
Date of Surgery	Surgical Procedure –	(FOR EX	AMPL	E - 12/1995 - Right total knee)						
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<sup>\*</sup>If more information is to be included please discuss with Nurse during interview