

# Health History

(Confidential)

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of last physical examination \_\_\_\_\_ What is your reason for visit? \_\_\_\_\_

Check symptoms you currently have or have had in the past year.

## Symptoms

### General

- Anxiety
- Chills
- Depression
- Dizziness
- Fever
- Headache
- Insomnia
- Loss of Weight
- Memory loss
- Nervousness
- Numbness
- Sweats

### Muscles/Joints/Bones

- Arms  Hips
- Back  Legs
- Feet  Neck
- Hands  Shoulders

### Genito-Urinary

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination

### Gastrointestinal

- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Excessive hunger
- Excessive thirst
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Poor appetite
- Rectal bleeding
- Stomach pain
- Vomiting

### Cardiovascular

- Chest pain
- High blood pressure
- Low blood pressure
- Palpitation
- Poor circulation
- Swelling of ankles
- Varicose veins

### Eye, Ear, Nose, Throat

- Bleeding gums
- Blurred vision
- Difficulty swallowing
- Double vision
- Earache
- Ear discharge
- Hay fever
- Hoarseness
- Loss of hearing
- Nose bleeds
- Persistent cough
- Ringing in ears
- Sinusitis

### Skin

- Bruise easily
- Hives
- Itching
- Change in moles
- Rash
- Insect bites

### Men only

- Breast lump
- Erectile dysfunction
- Lump in testicles
- Penile discharge

### Women only

- Abnormal pap smear
- Bleeding between periods
- Breast lump
- Hot flashes
- Nipple discharge
- Painful intercourse
- Vaginal Discharge

Date of last:  
Menstrual Period \_\_\_\_\_  
Pap smear \_\_\_\_\_  
Mammogram \_\_\_\_\_

### Drug Allergies

---

---

---

## Conditions

- Aids
- Anemia
- Appendicitis
- Arthritis
- Asthma
- Bleeding Disorders
- Bronchitis
- Cancer
- Diabetes
- Emphysema
- Epilepsy
- Gout
- Heart Disease
- Hepatitis
- Hernia
- High Cholesterol
- Kidney Disease
- Liver Disease
- Migraine Headaches
- Multiple Sclerosis
- Pneumonia
- Prostate Cancer
- Psychiatric care
- Seasonal allergies
- Stroke
- Thyroid Problems
- Tonsilitis
- Ulcers
- Vaginal infection
- Venereal disease

## Pharmacy

Name \_\_\_\_\_  
Phone \_\_\_\_\_

## Current Medications

---

---

3810 S. Florida Ave.  
863-619-5100

1429 Lakeland Hill Blvd.  
863-687-0200

4435 US Hwy. 98 N  
863-858-8000

700 First St. S.  
863-401-2807