

HISTORY & PHYSICAL

Name: _____

Date: _____

FAMILY HISTORY

	FATHER	MOTHER	SIBLINGS
HEART DISEASE			
HYPERTENSION			
STROKE			
CANCER			
DIABETES			
EPILEPSY			
BLEEDING DISORDER			

	ALIVE	DECEASED	CAUSE OF DEATH/AGE
MOTHER			
FATHER			

History of an Inherited Lung Disease? (examples: Cystic Fibrosis/Sarcoidosis)
 Yes No

If yes, Which one(s)? _____

PAST MEDICAL HISTORY/YEAR DIAGNOSED OR ONSET

	YEAR		YEAR		YEAR
Allergies/Hay Fever		Dizziness/Fainting		Nervous Break Down	
Anemia		Gi Disorder (Gastrointestinal)		Pneumonia	
Arrhythmia		GU Disorder (Urinary)		Prostate Disease	
Arthritis		Headache		Rheumatic Fever	
Asthma		Heart Murmur		Seizures	
Bronchitis		Heart Palpitations		Shortness of Breath	
Chest Pain/Angina		Hemoptysis (Coughing up Blood)		Stroke/Tia	
Congenital Heart Disease		High Cholesterol		TB Skin Testing	
Congestive heart Failure		High Blood Pressure		Tuberculosis	
COPD/Emphysema		Liver Diseases		Ulcer	
Diabetes		MI (Heart Attack)		Valley Fever	

CURRENT MEDICATION/STRENGTH/HOW OFTEN TAKEN

DRUG ALLERGIES/REACTION EXPERIENCED

HOSPITALIZATIONS/SURGERIES (TYPE AND YEAR)
