



HEALTH HISTORY UPDATE

For patients who have not been seen at the clinic in more than six months, we ask for a health update to help us better meet your healthcare needs.

Today's date:

Name: (Last, First, M.I.):

Date of birth

Age

Are there any specific conditions that you are concerned about?

Significant medical conditions or events since your last visit:

Please list all prescription and over-the-counter medications you are currently taking including dosages:

Please list all nutritional and herbal supplements you are taking including brand names and dosages:

Review of systems: Check any of the following symptoms that you have experienced in the past 3 months and record how frequently you have had them:

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|-------------------------------|-------------------------------|------------------------------|
| Heartburn | Dark urine | Tire easily/weakness |
| Abdominal bloating | Frequent urination in day | Depression/Anxiety |
| Abdominal discomfort/pain | Frequent urination in night | Memory loss |
| Diarrhea | Painful urination | Lack of sex drive |
| Constipation | Leakage of urine | Dizziness/fainting |
| Vomiting | Blood in urine | Sleeplessness |
| Nausea | Difficulty starting urine | Poor coordination |
| Decrease/increase in appetite | Eye pain | Changes in nails/hair |
| Rectal bleeding | Double/blurred vision | Abnormal hair loss |
| Black, tarry stools | Discharge from eyes | Sensitivity: heat/cold |
| Persistent fever | Breast lump/discharge | Dry skin |
| Weight loss/gain | Heart palpitations/fluttering | Rash |
| Increase in thirst | Chest pain/ discomfort | Acne |
| Muscle weakness or paralysis | Shortness of breath | Rosacea |
| Joint pain or stiffness | Wheezing | Eczema |
| Swollen joints | Bloody sputum | Other skin changes |
| Muscle cramps or spasms | Persistent hoarseness | Painful intercourse |
| Leg cramps walking/at night | Chronic/frequent cough | Heavy menstrual bleeding |
| Easy bleeding/bruising | Frequent colds | Vaginal or vulvar itching |
| Frequent nosebleeds | Sore throat | Irregular menstrual bleeding |
| Varicose veins | Cold sores | Painful menstrual cramping |
| Hemorrhoids | Canker sores | Discharge from penis |
| Migraines | Night sweats | Impotence |
| Other headaches | Hot flashes (daytime) | Pain/lump in testicles |