

## Mease PATT Patient Health History

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Completed by: \_\_\_\_\_

<b>HEART</b>	YES	NO	<b>STOMACH / ABDOMINAL</b>	YES	NO	<b>BRAIN / NERVES</b>	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 / Defibrillator								
			<b>BLOOD / IMMUNE SYSTEM</b>	<b>YES</b>	<b>NO</b>	<b>MUSCLE / BONE</b>	<b>YES</b>	<b>NO</b>
<b>LUNGS</b>	<b>YES</b>	<b>NO</b>	Anemia			Back Trouble		
Abnormal Chest X-ray			Blood Disorder			Broken Bones / Fractures		
Asthma			Bruises			Joint Pain		
Collapsed Lung			Cancer			Joint Stiffness		
Cough Over Two Weeks			Cold or Fever			Muscle Weakness		
COPD (Chronic Obstructive Pulmonary Disease)			Sore Throat					
			Hemophilia			<b>UROLOGY</b>	<b>YES</b>	<b>NO</b>
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					
<b>DIABETES / THYROID</b>	<b>YES</b>	<b>NO</b>	Skin Rash			<b>GYNECOLOGICAL</b>	<b>YES</b>	<b>NO</b>
Diabetes						Pregnant		
Hypoglycemia (Low blood sugar)			<b>GENERAL</b>	<b>YES</b>	<b>NO</b>	Ovarian Cyst / Mass		
Thyroid Disease			Alcohol use			Endometriosis		
			Illegal Drug use			Fibroids		
<b>EYES</b>	<b>YES</b>	<b>NO</b>	Very Large Weight Loss					
Cataract History			Anxiety			<b>COVID VACCINATION</b>	<b>YES</b>	<b>NO</b>
Glaucoma History			Depression			Completed Vaccination		
Other Eye History						Vaccination Type:		

ALLERGIES: (include medicine, food, latex, iodine, etc.)

NONE

What are you allergic to?	What kind of allergic reaction do you have and how serious?	Age First Discovered

PAST SURGICAL PROCEDURES: (include side/site if applicable)

NONE

Date of Surgery	Surgical Procedure – (12/1995 - Right total knee)

\*If more information is to be included please discuss with Nurse during interview

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