## **BayCare Hospital Wesley Chapel PATT Patient Health History**

Patient:						Date:					
Relationship to Pa	tient:					Con	npleted by:				
•	HEART	YES	NO	STOMACH / ABDOMINAL	YES	NO	BRAIN / NER\	/ES	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	brillator										
				BLOOD / IMMUNE SYSTEM	YES	NO	MUSCLE / BO	NE	YES	NO	
LUNGS		YES	NO	Anemia			Back Trouble				
Abnormal Chest X-ray				Blood Disorder			Broken Bones / Fra	ctures			
Asthma				Bruises			Joint Pain				
Collapsed Lung				Cancer			Joint Stiffness				
Cough Over Two Weeks				Cold or Fever			Muscle Weakness				
COPD (Chronic Obstructive Pulmonary				Sore Throat							
Disease				Hemophilia			UROLOGY		YES	NO	
				•					163	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					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					<u> </u>		
Cataract History				Anxiety					YES	NO	
Glaucoma History				Depression			Completed Vaccination				
Other Eye History							Vaccination Type:				
ALLEDGIEG /:	- madiates food lake		-4- \				NONE				
ALLERGIES: (include medicine, food, latex,			iodine, etc.)  What kind of allergic reaction do you have and how serious?  Age First Discovered							al	
What are you allergic to?			vvnat	kind of allergic reaction do you	u nave	and n	ow serious?	age First	DISCOV	erea	
PAST SURGICAL PR	OCEDURES: (include sid	e/site if	annlic	ahle)			NONE				
Date of Surgery	·			E - 12/1995 - Right total knee)			NONE				
Date of Surgery	Surgical Procedure	I ON LX	MINIT L	L - 12/1555 - Right total knee/							