ADULT HISTORY RECORD - Confidential

PERSONAL HISTORY

Your Name _____ ☐ Male ☐ Female Date of Birth ____/____/____

Person to contact in an emergency _____ Relationship to you _____

Their work phone (____) _____ Their home phone (____) _____

MARITAL HISTORY:
☐ Married
years _____
times _____
☐ Single
☐ Separated
☐ Divorced
☐ Widowed

Last grade completed or degree obtained: _____

Religious preference: _____

ALCOHOL USE:
☐ Never
☐ Occasional
☐ Weekends
☐ Daily

TOBACCO USE:
Number of years _____
Packs per day _____

WORK HISTORY:
Currently working? ☐ Yes ☐ No ☐ Retired ☐ Homemaker

List types of work you have been involved in: _____

I was referred by _____

ILLNESSES

Check ❑ where you or members of your family have had the following illnesses or problems:

You	Your Family	
☐	☐	Alcoholism
☐	☐	Anemia
☐	☐	Asthma
☐	☐	Cancer, tumor
☐	☐	Diabetes
☐	☐	Drug abuse
☐	☐	Depression
☐	☐	Eczema, hives, rashes
☐	☐	Epilepsy, seizures
☐	☐	Eye problems
☐	☐	Glaucoma
☐	☐	Heart disease
☐	☐	High blood pressure
☐	☐	Kidney/bladder problems
☐	☐	Liver disease, hepatitis, yellow jaundice
☐	☐	Lung disease, tuberculosis
☐	☐	Mumps, measles, chicken pox
☐	☐	Nervous breakdown, mental illness
☐	☐	Phlebitis
☐	☐	Rheumatic fever
☐	☐	Rubella, German measles
☐	☐	Stroke
☐	☐	Suicide attempt
☐	☐	Thyroid disease
☐	☐	Ulcer in stomach, duodenum
☐	☐	Uncontrolled bleeding
☐	☐	Veneral disease
☐	☐	Other _____

MEDICINES

Include birth control pills or vitamins, with or without a prescription:

_____
_____
_____
_____
_____
_____
_____
_____
_____

ALLERGIES

Drugs and other allergies:

_____
_____
_____
_____
_____

IMMUNIZATIONS

Measles shot _____
Tetanus shot _____
Pneumonia shot _____
Flu shot _____

HOSPITALIZATIONS

Serious illness, injuries or surgeries and year. Do not list normal pregnancies.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

PREGNANCY HISTORY

Enter number of times ____ Premature ____

Miscarriages ____ Abortions ____ Live Births ____ Living children ____

HEALTH CARE PROVIDERS

List physicians you have seen in the past five years.

Year	Name	City, State	Problem cared for
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____