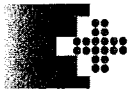

Family Medical Center of Hastings

1021 West 14th Street • P. O. Box 968
Hastings, Nebraska 68902-0968
Appts. (402) 463-2423 • Bus (402) 462-8456 • Fax (402) 463-9697

Health History

Name ______________________________ Date ______________

DOB ______________ Age ________ Marital Status: M S W D

1. Reason for today's visit: ______________________________

2. SERIOUS INJURIES/ILLNESSES – SURGERIES – HOSPITALIZATIONS

Year	Explanation	Physician Comments

3. MEDICATIONS – List medications you are currently taking, including dosage and frequency:

____
____
____
____

4. ALLERGIES – List allergies to medications, foods, latex or environment:

____
____
____
____

5. FAMILY HISTORY

	FATHER ☐ Alive ☐ Deceased	Present health or cause of death and age	MOTHER ☐ Alive ☐ Deceased	Present health or cause of death and age	SPOUSE ☐ Alive ☐ Deceased	Present health or cause of death and age

BROTHERS	NO. ALIVE	HEALTH	NO. DECEASED	CAUSES OF DEATH AND AGES
SISTERS	NO. ALIVE	HEALTH	NO. DECEASED	CAUSES OF DEATH AND AGES
CHILDREN	NO. ALIVE	AGES & HEALTH	NO. DECEASED	CAUSES OF DEATH AND AGES

CHECK ILLNESSES WHICH HAVE OCCURRED IN ANY OF YOUR **PARENTS, SIBLINGS OR GRANDPARENTS:**

☐ Allergy	☐ Bleeding tendency	☐ Diabetes	☐ High blood pressure	☐ Tuberculosis
☐ Arthritis	☐ Cancer, Type: __________	☐ Gout	☐ Kidney disease	☐ Other: __________
☐ Asthma	☐ Chemical dependency	☐ Heart disease	☐ Stroke	

6. HEALTH HABITS – Check (✓) which substances you use and describe how much you use.

	Never Used	Every Day (Indicate amount)	Some Days (Indicate amount and how often)	Formerly (in the past)
Caffeine				
Tobacco				
Drugs				
Alcohol				
Other:				

Are immunizations up to date? ☐ Yes ☐ No

7. MEDICAL HISTORY – Circle any conditions you currently have or have experienced in the past:

Abortion
Alcoholism
Anemia
Anorexia
Appendicitis
Arthritis
Asthma
Bleeding Disorders
Breast Lump
Bronchitis
Bulimia
Cancer
Cataracts
Chemical Dependency
Chicken Pox
Diabetes
Emphysema
Epilepsy
Glaucoma
Goiter
Gout
Heart Disease
Hepatitis
Hernia
Herpes
High Cholesterol
Hypertension
Kidney Disease
Liver Disease
Measles
Migraine Headaches
Miscarriage
Mononucleosis
Multiple Sclerosis
Mumps
Pacemaker
Pneumonia
Polio
Prostate Problem
Psychiatric Care
Rheumatic Fever
Scarlet Fever
Sexually Transmitted Diseases
Stroke
Suicide Attempt
Thyroid Problems
Tonsillitis
Tuberculosis
Typhoid Fever
Ulcers
Vaginal Infections

Other: ______________________________

8. NOTES