marinhealth Medical Network | UCSF Health

INTERNAL MEDICINE

Health History

Name:_____ **Today's Date:** _____

Date of Birth:_____

PROBLEMS								
Active	**Past**		**Active**	**Past**		**Active**	**Past**	
❑	❑	Abnormal Pap Smear	❑	❑	Emphysema	❑	❑	Measles
❑	❑	AIDS	❑	❑	Enlarged Prostate	❑	❑	Memory Loss
❑	❑	Alcoholism	❑	❑	Epilepsy	❑	❑	Migraines
❑	❑	Anemia	❑	❑	Erectile Dysfunction	❑	❑	Mononucleosis
❑	❑	Anorexia	❑	❑	Fecal Incontinence	❑	❑	Multiple Sclerosis
❑	❑	Anxiety	❑	❑	Glaucoma	❑	❑	Mumps
❑	❑	Appendicitis	❑	❑	Goiter	❑	❑	Numbness:
❑	❑	Arthritis	❑	❑	Gout	❑	❑	Pain:
❑	❑	Asthma	❑	❑	Headache	❑	❑	Palpitations
❑	❑	Bleeding Disorder	❑	❑	Hearing Loss	❑	❑	Pneumonia
❑	❑	Blurred Vision	❑	❑	Heart Attack	❑	❑	Polio
❑	❑	Breast Lump	❑	❑	Heart Disease	❑	❑	PMS
❑	❑	Bronchitis	❑	❑	Hemorrhoids	❑	❑	Rheumatic Fever
❑	❑	Bulimia	❑	❑	Hepatitis:	❑	❑	Scarlet Fever
❑	❑	Cancer:	❑	❑	Hernia	❑	❑	Stomach Ulcer
❑	❑	Cataracts	❑	❑	Herpes:	❑	❑	Stroke
❑	❑	Chemical Dependency	❑	❑	High Blood Pressure	❑	❑	Tonsillitis
❑	❑	Chicken Pox	❑	❑	High Cholesterol	❑	❑	Tuberculosis
❑	❑	Constipation (chronic)	❑	❑	HIV Positive	❑	❑	Typhoid Fever
❑	❑	COPD	❑	❑	Hyperthyroid (high)	❑	❑	Urinary Incontinence
❑	❑	Depression	❑	❑	Hypothyroid (low)	❑	❑	Varicose Veins
❑	❑	Diabetes	❑	❑	Kidney Disease	❑	❑	Venereal Disease:
❑	❑	Diarrhea (chronic)	❑	❑	Liver Disease	❑	❑	
❑	❑	Difficulty Swallowing	❑	❑	Low Blood Pressure	❑	❑	
Other:								

SURGICAL/HOSPITALIZATION HISTORY			PREGNANCY HISTORY		
Description	**Year**	**Reason**	**Year**	**Sex**	**Complications**

FAMILY HISTORY							
Relation	**Age**	**State of Health**	**Age at Death**	**Cause of Death**	**Relatives with the following conditions**		
					Disease		**Relationship**
Father					❑	Arthritis	
Mother					❑	Asthma	
Brothers					❑	Cancer	
					❑	Depression	
					❑	Diabetes	
					❑	Heart Disease	
Sisters					❑	Hypertension	
					❑	Kidney Disease	
					❑	Other:	
					❑		

SOCIAL HISTORY			
Current	**Past**	**Frequency**	**Description & Frequency**
❑	❑	Tobacco Use	
❑	❑	Alcohol Use	
❑	❑	Drug Use	
❑	❑	Caffeine	
❑	❑	Exercise	
❑	❑	High Risk Sexual Behavior	
❑	❑	Other:	

Marital Status

❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed ❑ Other

Sexual Orientation

❑ Heterosexual ❑ Homosexual ❑ Bisexual ❑ Other:

ALLERGIES	❑ No known allergies
Substance	**Reaction**

MEDICATIONS	❑ No current medications
Name of Medication	**Dose**

PREVENTIVE CARE			
Procedure	**Date**	**Immunization**	**Date**
Colonoscopy		Influenza	
Eye Exam		Pneumococcal	
Mammogram		Tetanus	
PAP Smear			
Physical			
Prostate Exam			