Medical History-Comprehensive

Allergies: Latex: _____ Yes _____ No
Medication Allergies: _____
Other Allergies:_____

Last Tetanus booster: _____
Current Medications: _____
_____
Current Physician: _____

Medical Illnesses - check all that apply:
___ High Blood Pressure ___ Heart Disease
___ Lung Disease ___ Kidney Disease
___ Diabetes ___ Anemia
___ Seizures ___ Cancer
___ Stomach or Bowel Disorders: _____
___ Sleep Apnea
___ Fractures & Joint Injuries: _____
___ Other: _____
Surgeries: _____

Social History - Check all that apply :
___ Tobacco use ___ Cigarettes: ___ packs/day ___ years
___ Cigars: ___ per day ___ years
___ Pipe: ___ years
___ Chew/Snuff: ___ years

___ Alcohol use ___ Drinks per week

Place an X in the box if you have any of the conditions below now or in the past:
(Caregivers: please comment on positive responses):

Vision (Vision)

__ 1. Do you use glasses?:
__ For reading
__ For distant vision
__ Contacts
__ 2. Are you color blind?

3. Do you have:
__ Retinal disease
__ Cataracts
__ Glaucoma
__ 4. Do you use eye medicine?
__ 5. Have you had eye surgery?
__ 6. Have you had laser exposure?

Hearing
Do you have
__ 7. Difficulty hearing
__ 8. Ear disease
__ 9. Ringing in the ears
__10. Abnormal hearing test
__11. Do you use a hearing aid?
__12. Have you had ear surgery?
__13. Ruptured ear drum?

Heart/Vascular
Do you have:
__16. Chest pain on effort
__17. High blood pressure
__18. Shortness of breath
__19. Swelling of ankles
__20. Heart murmur

Have you had:
__21. Heart attack
__22. Stroke
__23. Rheumatic fever
__24. Heart failure
__25. Heart surgery/Stent/Pacemaker

Respiratory
Do you have:
__26. Chronic cough
__27. Asthma
__28. Bronchitis
__29. Hay fever
__30. Emphysema/COPD
Have you had:
__31. Tuberculosis

Medical History-Comprehensive

degreasing
foundry
electroplating
forging

Medical History-Comprehensive

Medical History-Comprehensive

f-hxcomp