

Carroll Occupational Health

Patient: _____ Company: _____ Date of Service: _____
Patient ID: _____ Contact: _____
Birthdate: ___/___/___ Age: ___ Form: F-HXCOMP Page 1

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?: Heart/Vascular
Do you have:
___ For reading ___16. Chest pain on effort
___ For distant vision ___17. High blood pressure
___ Contacts ___18. Shortness of breath
___ 2. Are you color blind? ___19. Swelling of ankles
___20. Heart murmur
3. Do you have: Have you had:
___ Retinal disease ___21. Heart attack
___ Cataracts ___22. Stroke
___ Glaucoma ___23. Rheumatic fever
___ 4. Do you use eye medicine? ___24. Heart failure
___ 5. Have you had eye surgery? ___25. Heart surgery/Stent/Pacemaker
___ 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?

Respiratory

Do you have:
___26. Chronic cough
___27. Asthma
___28. Bronchitis
___29. Hay fever
___30. Emphysema/COPD
Have you had:

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- 13. Ruptured ear drum?
- 14. Exposure to gunfire?
- 15. Wear hearing protection?

- 31. Tuberculosis
- 32. Lung cancer
- 33. Lung surgery
- 34. Silicosis
- 35. Asbestos
- 36. Black lung

Liver or Gastrointestinal
Do you have or have you had:

- 37. Hepatitis
- 38. Cirrhosis
- 39. Jaundice
- 40. Frequent indigestion
- 41. Ulcer disease
- 42. Colitis
- 43. Other intestinal problems
- 44. Do you have a hernia?
- 45. Have you had hernia surgery?

Blood, Endocrine
Have you had:

- 63. Anemia
- 64. Bleeding problems
- 65. Hormone problems
- 66. Diabetes
- 67. Thyroid problem

Genitourinary:
Do you or have you had:

- 46. Kidney trouble
- 47. Bladder trouble
- 48. Kidney stones

Musculoskeletal:
Do you or have you had:

- 68. Back trouble
- 69. Disc problems/surgery
- 70. Shoulder problems/surgery
- 71. Arm problems/surgery
- 72. Wrist problems/surgery
- 73. Hand problems/surgery
- 74. Hip problems/surgery
- 75. Leg problems/surgery
- 76. Knee problems/surgery
- 77. Ankle problems/surgery
- 78. Foot problems/surgery
- 79. Broken bones
- 80. Numbness, tingling, and/or pain in hands or arms

Skin:

- 49. Do you have eczema?
- 50. Do you have psoriasis?
- 51. Any other skin conditions

Neurologic

- 52. Tremors
- 53. Dizzy spells
- 54. Convulsions
- 56. Nerve damage
- 57. Serious head injury
- 58. Brain surgery
- 59. Nervous breakdown

Communicable Diseases:
Have you had:

- 81. Chicken pox
- 82. Measles
- 83. German Measles
- 84. Mumps
- 85. Hepatitis A
- 86. Hepatitis B
- 87. Hepatitis C

Are you taking medication for:

- 60. Anxiety or depression
- 61. Epilepsy
- 62. Parkinson's disease

Please list all prior jobs:
Company Name: _____

Dates Employed: _____

Job Description: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle any of the following processes and/or jobs done in the past:

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Processes: abrasive blasting acid/alkali treatment
degreasing electroplating
foundry forging
painting welding
grinding or metal machining

Industries: flour, feed or grain cotton processing
rubber insulation
quarry work construction
farming petroleum
shipyards

Circle any of the following substances to which you have had regular exposure in the workplace:

Fumes or dusts: silica coal asbestos talc
fiberglass cotton dust sawdust
other: _____

Solvents: benzene carbon tetrachloride trichloroethylene
naptha xylene other : _____

Chemicals or gases : ammonia formaldehyde hydrogen sulfide
cyanide sulfur dioxide chromium
mercury lead cadmium
nickel other: _____

Miscellaneous: radiation insecticides/herbicides
cutting oils motor exhaust
noise

Have you ever needed medical care for exposure to any of the above?
___ Yes ___ No

Type of problem: Skin: _____ Lungs: _____ Other: _____

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Work related injuries and illnesses:

Year: Injury and treatment:

Time off work:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No

Explain if yes

____ ____

Have you ever applied for worker's compensation or disability payments for any injury or illness which developed on the job? Explain:

____ ____

Are you currently being treated by a doctor for a work related injury or illness? Explain:

Employee Signature

Date

Reviewed By

Date

f-hxcomp