

**COUNTRY SQUARE SURGEONS
CONFIDENTIAL HEALTH HISTORY**

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Name _____

Family History (fill in health information about your family)

Relationship	Age	State of Health	Age at Death	Cause of Death	Check Here If Yes	If Blood Relatives Have/Had Any of the Following	Relationship to You
Father						Arthritis, Gout	
Mother						Asthma, Hay Fever	
Brothers						Cancer	
						Chemical Dependency	
						Diabetes	
						Heart Disease, Stroke	
Sisters						High Blood Pressure	
						Kidney Disease	
						Tuberculosis	
						Other	

Review of Systems (Check all that apply to your health)

General

- Fatigue or weakness
- Poor appetite
- Fever
- Chills
- Weight loss
- Night sweats

Eyes

- Visual changes
- Double vision

Ears, Nose, Throat

- Hearing loss
- Ringing in ears
- Nosebleeds
- Hoarseness
- Sinus problems
- Persistent cough
- Hay fever
- Bleeding gums

Respiratory

- Shortness of breath
- Chronic bronchitis
- Asthma/wheezing
- Coughing blood
- Daily sputum
- Morning cough
- Sleep Apnea

Blood and Glands

- Anemia
- Easy bleeding/bruising
- Swollen glands

Cardiovascular

- Heart attack/MI
- Angina
- Chest Pain
- Phlebitis/DVT
- Irregular heart beat
- Difficulty breathing at night
- High blood pressure

Gastrointestinal

- Abdominal pain
- Nausea
- Vomiting
- Persistent diarrhea
- Constipation
- Blood in stools
- Black stools
- Jaundice
- Heartburn
- Indigestion
- Difficulty swallowing
- Painful swallowing
- Change in bowel habits

Genitourinary

- Difficulty urinating
- Blood in urine
- Excessive menstrual bleeding
- Frequent urination
- Incontinence
- Lump in testicles

Musculoskeletal

- Joint pain
- Joint swelling
- Difficulty walking
- Muscle pain
- Back pain

Neurologic

- Dizziness
- Seizure
- Stroke
- Balance Problems
- Memory loss

Skin

- Rashes
- Non-healing wound

Breast

- Nipple discharge
- Nipple change
- Breast lump

Emotional

- Depression
- Anxiety

Endocrine

- Thyroid problems
- Hot/cold intolerance
- Excessive thirst
- Excessive hunger