

Exam Date

Health Conditions - check all that apply

Asthma / Allergy

- Asthma  Use Inhaler
- Hay Fever  Allergies

Allergic Reactions to

- Latex  Tetracycline Allergy  Erythromycin Allergy
- Penicillin Allergy  Sulfu Drug Allergy  Dental Anesthetic Allergy
- Aspirin, Acetaminophen or Ibuprofen  Reaction to Metals
- Codeine, Demerol or Other Narcotics
- Barbiturates, Sedatives or Sleeping Pills

Liver Disease

- Hepatitis  Jaundice  Aids  HIV
- Liver Disorder  Herpes or Other STD

Thyroid Disease

- Thyroid Problems  Artificial Joints  Rheumatism
- Hypothyroid / Hypert thyroid  Arthritis

Joint or Bone Problems

- Artificial Joints  Rheumatism
- Arthritis

Miscellaneous Health Conditions

- Acid Reflux  Drug / Alcohol Abuse  Frequent Mouth Sores  Nervous Disorders  Swollen Glands
- Breathing Difficulty  Dry Mouth  Glaucoma  Persistent Cough  Tuberculosis
- Cancer  Emphysema  Growths  Radiation Treatment  Tumors
- Colitis  Epilepsy  Hospitalized  Respiratory Problems  Tobacco Use
- Diabetes  Fainting  Kidney Problems  Shingles  Ulcers
- Dizziness  Frequent Headaches  Mental Disorders  Sinus Problems  Other

Heart Problems

- Angina / Chest Pain  Artificial Heart Valve
- Blood Pressure Problem  Heart Surgery
- Congenital Heart Defect  Pacemaker
- Heart Murmur  Mitral Valve Prolapse
- Heart Disease  Stroke
- Heart Attack  Shortness of Breath
- Heart Valve Problem  Rheumatic Fever
- Taking Heart Medication

Heart Problems

- Excessive Bleeding
- Prev Blood Transfusion
- Hemophilia  Anemia
- Reached Menopause
- Pregnant  Nursing
- Taking Contraceptives or Hormones

Women

- Reached Menopause
- Pregnant  Nursing
- Taking Contraceptives or Hormones

Prior Records

[Empty box for Prior Records]

Medications

Changes from last exam

- Yes - changes from last exam
- No changes from last exam

Create New Record

Exit

Other Health Notes

[Empty box for Other Health Notes]

Patient Signature

Name

Date