

**TEXAS GULF COAST***medical systems*

NOTE: This form can be filled out from your screen. Just click in the open space beside each query and type in the requested info.

ADULT HEALTH HISTORY**Fillable Form**

You can click "Highlight Fields" in the top right corner of your PDF Reader to view all the fillable areas. Click the 'email' and/or 'print' button(s) above when finished.

Name

SOCIAL HISTORY						
Smoking:	Never	Past	Active			
Type of Tobacco smoked:	Cigarette	Cigar	Pipe	Snuff	Dip	Chewing
Alcohol:	Never	Past	Active			
Alcohol Type:	Liquor	Wine	Beer			
Alcohol consumptions per day:	1-2	2-3	4-5	5+		
Recreational drug use:	Never	Past	Active			
Caffeine:	Never	Past	Active			
Type of caffeine:	Coffee	Tea	Soda			
Consumption of caffeine:	1-2	2-3	4-5	5+		
Education:	Primary	Secondary	College	Post Grad	Doctorate	
Sexually active:	Yes	No				
Marital Status:	Single	Married	Divorced	Widowed	Separated	
Living Status:	Alone	With spouse	With parents	Assisted	Nursing Home	
Diet:	None	Low fat	Low cholesterol	Low carb	Vegetarian	
Exercise:	None	Walking	Aerobics	Weightlifting		
Home smoke detector use:	Yes	No				

PAST MEDICAL HISTORY					
Asthma	Yes	No	Anxiety	Yes	No
Allergic rhinitis	Yes	No	Depression	Yes	No
Diabetes	Yes	No	Hypertension	Yes	No
Obesity	Yes	No	Pulmonary embolism	Yes	No
Blood transfusion	Yes	No	Cancer	Yes	No
CHF	Yes	No	COPD	Yes	No
Esophageal reflux	Yes	No	Heart disease	Yes	No
Neurological disorders	Yes	No	Osteoporosis	Yes	No
Sleep apnea	Yes	No	Thyroid disease	Yes	No
High cholesterol	Yes	No			
Have you had surgery within the past year		Yes	No		

Continued on the next page .../



ADULT HEALTH HISTORY

Name

FAMILY HISTORY				
Mother	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Father	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Paternal Grand Father	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Paternal Grand Mother	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Maternal Grand Father	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Maternal Grand Mother	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Siblings	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems
Children	Heart disease Thyroid disease Circulation problems	Diabetes Cancer Depression	Hypertension Lung disease Blood transfusion	Hyperlipidemia Arthritis Kidney problems