

Health Record  
**MEDICAL/SOCIAL HISTORY**

**History of Pregnancy**  
(Include ALL pregnancies, whether live born or not)

Date Pregnancy Ended	Week Prenatal Care Started	WK Gest	Hrs in Labor	Delivery Type	Birth Attendant	Place of Delivery	Sex	Birth Wt	Post-Partum Check	Problem: Antenatal (A) Postpartum (P) Infant (I)
1.										
2.										
3.										
4.										
5.										
6.										
7.										

Additional comments by number:

**Contraceptive History**

Method Used	How Long?	When/Why Discontinued?

Tubal Ligation? \_\_\_\_\_ Date \_\_\_\_\_ Vasectomy? \_\_\_\_\_ Date \_\_\_\_\_ Hysterectomy? \_\_\_\_\_ Date \_\_\_\_\_

**History of Tuberculosis**

(Record Dates, Exposure, Contact to Source Case, Previous Treatment & Location to Comment Section)

Previous Chest X-ray?  No  Yes

\_\_\_\_\_ Date \_\_\_\_\_ Reading \_\_\_\_\_ MD/Clinic \_\_\_\_\_

BCG \_\_\_\_\_ Date \_\_\_\_\_ TB Skin Test \_\_\_\_\_ Date \_\_\_\_\_ Type \_\_\_\_\_ Results \_\_\_\_\_

**Medication Taken Regularly**

(include prescription and no prescription medications)

Name of Medication	Date Started	Dosage/Schedule	Date Stopped	Additional comments

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Cl. Name: \_\_\_\_\_

SS# \_\_\_\_\_

ID# \_\_\_\_\_

DOB: \_\_\_\_\_

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Allergies:

PT = Patient F= Family (for pregnant women only) U=Update " + " if Hx positive " - " if Hx is negative

	PT	F	U		PT	F	U		PT	F	U
1 Vision				18 Congenital/acquired condition				35 Headaches			
2 Hearing				19 Asthma				36 Seizures			
3 Accidents/Trauma				20 Respiratory problems				37 HIV			
4 Prosthesis				21 Dental				38 STDs			
5 Hospitalization/Surgery				22 Digestive intestinal				39 Tuberculosis			
6 Anesthesia reaction				23 Chronic conditions				40 Tobacco/alcohol/drugs			
7 Blood transfusions				24 MI/angina				41 Grade completed			
8 Blood disorders				25 Hypertension				42 Family dynamics			
9 Rh negative (female)				26 CVA				43 Support person(s)			
10 Cancer				27 Hyperlipidemia				44 Adoption			
11 Chemical/radiation/environmental				28 Peripheral vascular disease/emboli				45 Safety			
12 Autoimmune				29 Rheumatic fever				46 Depression/suicide			
13 Alzheimer's				30 UTIs/kidney/bladder				47 Psychiatric/mental			
14 Genetic/birth defects				31 Prostate/testes				48 Nutrition			
15 Chronic skin conditions(s)/diseases				32 GYN/OB problems/breast/abn				49 Menstrual history			
16 Musculoskeletal system				33 Diabetes				50 Sexual history			
17 Hepatic system				34 Thyroid				51 Other			

Comments:

Updates:

Clinician Signature: \_\_\_\_\_

Date of interview: \_\_\_\_\_

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Cl. Name:	
SS#	
ID#	
DOB:	