

HEALTH ASSESSMENT FORM

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

SECTION A: MEDICAL HISTORY (Check all that apply)

- No history of medical problems
Anxiety, Barrett's esophagus, Bleeding disorder, Cardiac conditions, Cancer type, Cirrhosis, Constipation, Crohn's disease, Colon polyps, Depression, GERD/reflux, Hepatitis, High blood pressure, Diverticulitis, Kidney disease, Lung disease, Seizures, Sleep Apnea, Stomach ulcers, Thyroid disease, Ulcerative colitis, Diabetes: Type I, Type II, Mobility limitation, History of blood transfusion, Hearing/communication barrier, Other

Do you take antibiotics prior to any procedures or going to the dentist? No Yes If so, why?: \_\_\_\_\_

SECTION B: SURGICAL HISTORY List all past surgeries/hospitalizations:

- Appendectomy, C-Section, Hysterectomy, Orthopedic, Carpel Tunnel, Gallbladder removal, Mastectomy, Elbow, Knee, Cataract, Hernia repair, Tonsillectomy, Hip, Shoulder, Other

Transplants or implants/replacements: \_\_\_\_\_

SECTION B: SOCIAL HISTORY

- 1) Marital status: Married, Never married, Divorced, Widowed, Live with partner, Live alone
2) Occupation: full-time, part-time, retired, disabled
3) Tobacco: cigarette, other, How much?, Never smoked, Former smoker
4) Alcohol use: daily, weekly, monthly, never, former drinker
5) Daily caffeine: coffee, tea, soda, Number per day, Chocolate, Amount per day
6) Exercise type, Frequency: daily, weekly, occasionally, rarely, never
7) Tattoos? No, Yes
8) Piercings other than ear? No, Yes, If yes, where are piercings located?
9) Illegal drug use:
10) Presently pregnant? No, Yes

**SECTION D: FAMILY HEALTH HISTORY**

Unknown family history

**FATHER:**  Living  Deceased due to \_\_\_\_\_

**Health history:**

- Asthma  Colon polyps  Hepatitis  Other \_\_\_\_\_
  - Cancer type \_\_\_\_\_  Crohn's disease  Kidney disease
  - Cirrhosis  Diabetes  Liver disease
  - Colitis  Heart disease  Lung disease
- 

**MOTHER:**  Living  Deceased due to \_\_\_\_\_

**Health history:**

- Asthma  Colon polyps  Hepatitis  Other \_\_\_\_\_
  - Cancer type \_\_\_\_\_  Crohn's disease  Kidney disease
  - Cirrhosis  Diabetes  Liver disease
  - Colitis  Heart disease  Lung disease
- 

**BROTHERS & SISTERS:**

Number living: \_\_\_\_\_

Number deceased: \_\_\_\_\_

- Asthma  Colon polyps  Hepatitis  Other \_\_\_\_\_
  - Cancer type \_\_\_\_\_  Crohn's disease  Kidney disease
  - Cirrhosis  Diabetes  Liver disease
  - Colitis  Heart disease  Lung disease
- 

**CHILDREN:** Number of children: \_\_\_\_\_

**Patient Signature** (or representative): \_\_\_\_\_ Date \_\_\_\_\_