

Southern Medical Group Health History Form

Patient Name: _____

Date: _____

Past Surgical History		Family Medical History	
	Date		Date
Abdominal Hysterectomy		Breast Cancer-Female/Male	
Cesarean Section		Cerebrovascular Disease	
Cryosurgery		Gyn Cancer	
Dilation and Curettage		Colon Cancer	
Hysteroscopy		Colon Polyps	
Laparoscopic Tubal Ligation		Coronary Artery Disease	
Laparoscopy		Hypercholesterolemia	
Leep		Hypercoagulation Syndrome	
Oophorectomy		Hypertension, Essential	
Ovarian Cysectomy		Osteoporosis	
Tubal Ligation		Ovarian Cancer	
Vaginal Hysterectomy		Prostate Cancer	
Skin Cancer		Diabetes	
		Tuberculosis	
Common Surgery		Immunizations	
	Date		Date
Appendectomy		Tetanus	
Back Surgery		Polio	
Breast-Implants/Reduction		Flu	
CABG		Pneumovax	
Hernia Repair		Hepatitis	
Hip Surgery		MMR	
Knee Surgery		Shingles	
Lumpectomy (Breast)		Others	
Mastectomy			
Prostate Surgery			
Thyroidectomy		Pregnancy History	
Tonsillectomy		Date	
Gallbladder		Total Number of Pregnancies	
Cataract		Full Term Pregnancies	
		Living Children	

Patient Name: _____

Date: _____

Reproductive Female		Date	Past Medical History		Date
Absence of Periods			Anemia		
Bartholin's Gland Cyst			Arthritis		
Chlamydia			Asthma		
Condyloma Acuminatum			Breast Cancer		
Dysplasia			Blood in Urine		
Endometriosis			Cancer – Type		
Fibroids, Uterine			Coagulation Defect		
Herpes Samples, Genital			Colon Cancer		
Human Papilloma Virus Infection			Coronary Heart Failure		
Irregular Menses			Coronary Artery Disease		
Ovarian Cancer			Crohn's Disease		
Ovarian Cyst			Blood Clot		
Pelvic Inflammatory Disease			Diabetes Mellitus, Type I-Type II		
Pelvic Pain			Diverticulosis of Colon		
Polycystic Ovaries			Emphysema		
Bleeding with Intercourse			Epilepsy		
Postmenopausal Bleeding			Esophageal Reflux		
Rectocele			Gallbladder Disease		
Other			Gastric Ulcer		
			Glaucoma		
			Headache		
Reproductive Male		Date			
Mass in Testicles			Blood in Urine		
Penile Discharge			Hepatitis		
Difficulty Obtaining an Erection			Hypercholesterolemia		
"Sores" on your Penis			Human Immunodeficiency Virus		
Blood in Semen			High Blood Pressure		
Change in Sexual Desire			Irritable Bowel Syndrome		
Other			Kidney Stones		
			Liver Disease		
			Osteoporosis		
			Previous Blood Transfusion		
			Sickle Cell Anemia		
			Stroke		
			Thyroid Disorder		
			Urinary Tract Infection		

