Chestnut Medical Group of Fresno

Health History **Date** _____

Reason for Visit: _____

Past Surgeries/Date: _____

_____

Family History:

	Mother	Father	Brother	Sister
☐ Bleeding Tendency				
☐ Cancer				
☐ Diabetes				
☐ Heart Disease				
☐ Hepatitis				
☐ Hypertension				
☐ Kidney Disease				
☐ Nervous Illness/Anxiety				
☐ Stroke/Vascular Problems				
☐ Tuberculosis				

Social History:

Do you use: Tobacco/packs per day? _____

Alcohol/how often? _____

Caffeine/how many cups per day? _____

Street Drugs/what kind? _____

Allergies:

Medication/what kind? _____

Reaction? _____

How Severe? _____

Other:	Pollen	Dust	Dust Mites	Mold	Insects	Pet Dander

Reaction? _____

How Severe? _____

Medications: **Pharmacy:**

	Name	Dose	How Often
___			
___			
___			
___			
___			
___			

Activity: (circle one)

Very light Light (office activity) Mod. (walk 20 mins. day)

Sport (2 hrs. fitness per week) Athletic (fitness every day)

General Symptoms:

- [ ] Abnormal menstrual cycles
- [ ] Aches and pains
- [ ] Blurred vision
- [ ] Chest pain
- [ ] Cold intolerance
- [ ] Constipation
- [ ] Cuts/bruises-those slow to heal
- [ ] Decreased libido
- [ ] Diarrhea
- [ ] Difficulty concentrating
- [ ] Dizziness
- [ ] Erectile dysfunction
- [ ] Extreme hunger
- [ ] Fatigue
- [ ] Fever
- [ ] Frequent Infections
- [ ] Hair loss
- [ ] Headache
- [ ] Heat intolerance
- [ ] Increased bowel movements
- [ ] Insomnia
- [ ] Irritability
- [ ] Leg Cramps
- [ ] Light/Absent menstrual periods
- [ ] Loss of Appetite
- [ ] Loss of balance
- [ ] Loss of energy
- [ ] Loss of sex drive
- [ ] Muscle or joint aches
- [ ] Nausea
- [ ] Nervousness
- [ ] Pale skin
- [ ] Palpitations
- [ ] Pregnant or intended to be pregnant
- [ ] Recurring skin, gum or bladder infections
- [ ] Shortness of breath
- [ ] Slight abdominal pain
- [ ] Smoker
- [ ] Swelling in the ankles, feet, legs, abdomen
- [ ] Tingling/numbness in hands/feet
- [ ] Trembling hands
- [ ] Trouble speaking or understanding
- [ ] Unusual Thirst
- [ ] Unusual Weight loss
- [ ] Unusually rapid heartbeat, with exercise
- [ ] Vomiting
- [ ] Warm moist skin
- [ ] Weakness
- [ ] Weight gain or difficulty losing weight
- [ ] Weight loss

Patient Signature _____