Stanford Children's Health

Stanford MEDICINE

Altos Oaks Medical Group

Confidential Health History

Today's Date: _____

Family History: Are you adopted? __ No __ Yes (if yes go to Medical History section)

Check the box if your parents, siblings, or children have had any of the following, and list who:

1. ☐ alcohol/drug use _____
2. ☐ arthritis _____
3. ☐ severe anemia _____
4. ☐ bleeding problems _____
5. ☐ diabetes _____
6. ☐ cancer: what type: _____
7. ☐ high blood pressure _____
8. ☐ mental illness _____
9. ☐ heart attack _____
10. ☐ high cholesterol _____
11. ☐ stroke _____
12. ☐ birth defect/genetic problems (examples: sickle cell anemia, PKU, G6PD, Tay Sachs) _____

Medical History: Check the box if you currently have or have had problems with the following, and describe:

1. ☐ skin
2. ☐ eyes/vision (except glasses)
3. ☐ ears/hearing
4. ☐ mouth/teeth
5. ☐ bleeding/clotting (not with your period)
6. ☐ anemia
7. ☐ cancer: what kind?
8. ☐ diabetes
9. ☐ thyroid disease
10. ☐ headaches
11. ☐ seizures/epilepsy
12. ☐ psychiatric problems
13. ☐ suicidal/depression
14. ☐ high cholesterol
15. ☐ heart disease/problem
16. ☐ high blood pressure/ hypertension
17. ☐ asthma
18. ☐ tuberculosis
19. ☐ other lung disease
20. ☐ positive skin test for TB
21. ☐ breast: lump/tumor/discharge/surgery
22. ☐ gall bladder disease or stones
23. ☐ liver disease/hepatitis/jaundice/mono
24. ☐ stomach
25. ☐ parasites
26. ☐ ulcer
27. ☐ black or bloody stools
28. ☐ kidney
29. ☐ holding/leaking urine
30. ☐ bladder infection
31. ☐ gonorrhea, syphilis, chlamydia, genital warts
32. ☐ herpes, oral canker sores
33. ☐ HIV/AIDS
34. ☐ bone injuries, broken bones
35. ☐ back pain
36. ☐ joint problems, arthritis
37. ☐ vaginal infection
38. ☐ pelvic infection (PID)
39. ☐ pelvic tumor/fibroid
40. ☐ abnormal pap Date: _____

Are you allergic to any medications? List: _____

Do you take any prescribed medications? List:_____

Hospitalizations/Surgeries: List all (except for pregnancy)

Date	Hospitalizations/Surgeries:	Date	Hospitalizations/Surgeries:

Pregnancy History: _____ yrs old at first pregnancy

#	mo./year	weeks preg.	delivery (vag, C/S, miscarry, abort)	hours of labor	sex	-weight -	'name'	place, doctor	complications	Brstfed
1										
2										
3										
4										
5										

Staff Use Only

gravida:

living:

term para:

preterm:

TABs:

SABs

ectopics:

please continue on other side