Bellevue Total Health, S.C.
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HISTORY

PATIENT NAME ____

D.O.B. ____ / ____ / ______ AGE ________ SEX ☐ M ☐ F

DRUG ALLERGIES

____
____
____
____

CURRENT MEDICATIONS

____
____
____
____

HOSPITALIZATION OR SURGERY

DATE	REASON

Pacemaker ☐ Yes ☐ No WOMEN ONLY Pregnant? ☐ Yes ☐ No Planning Pregnancy? ☐ Yes ☐ No

PAST MEDICAL HISTORY

☐ Headache
☐ Shortness of breath
☐ Heart palpitations
☐ Heart murmur
☐ Chest pain
☐ Dizziness/Fainting
☐ Peripheral vascular disease
☐ Allergies/hay fever
☐ Asthma
☐ Bronchitis
☐ Pneumonia
☐ Ulcer
☐ GI disorder

☐ Lactose intolerance
☐ Gall bladder disease
☐ Prostate disease
☐ Bowel irregularity
☐ Incontinence
☐ Sexual/Menstrual dysfunction
☐ Venereal disease
☐ Frequent infections
☐ Hepatitis
☐ Anemia
☐ Arthritis
☐ Osteoporosis
☐ Nervousness

☐ Depression
☐ Gout
☐ Scarlet fever
☐ Chronic rashes
☐ Rheumatic fever
☐ Mumps
☐ Measles
☐ Rubella
☐ Polio
☐ Diptheria
☐ Tetanus
Date: __________

HABITS

☐ Smoke: # of packs daily___________ How long______________________ When stopped_________
☐ Exercise routine _________________ ☐ Coffee: # cups daily __________ Other caffeine ________
☐ Alcohol: Type/Amount ___________ ☐ Diet: Salt intake _____________ Fat intake ____________
☐ Sleep: difficulty falling asleep_____ ☐ Continuity disturbances ______ ☐ Early morning awakening