T. Ray Vaughan, MD

(Confidential)

P. Dennis Dyer, MD

# Health History

Patient Name: ______________________________

Age: ______________________________

Date: ______________________________

Date of Birth: ______________________________

## Review of Symptoms

Check symptoms you currently have or have had in the last year.

*CONSTITUTIONAL*

- ❑ Chills
- ❑ Dizziness
- ❑ Fainting
- ❑ Fever
- ❑ Loss of sleep
- ❑ Loss of weight
- ❑ Sweats

*MUSCULOSKELETAL*

- ❑ Pain, weakness, numbness in:
- ❑ Arms, hands
- ❑ Legs, feet
- ❑ Head, neck
- ❑ Back

*GENITO-URINARY*

- ❑ Blood in urine
- ❑ Bladder problems
- ❑ Pain on urination
- ❑ Difficulty urinating

*CARDIOVASCULAR*

- ❑ Chest pain
- ❑ High blood pressure
- ❑ Irregular heart rate
- ❑ Low blood pressure
- ❑ Poor circulation
- ❑ Swelling of ankles
- ❑ Varicose veins

*EYES*

- ❑ Blurred vision
- ❑ Crossed eyes
- ❑ Double vision
- ❑ Visual flashes
- ❑ Visual halos
- ❑ Loss of vision

*EARS/NOSE/THROAT*

- ❑ Bleeding gums
- ❑ Difficulty swallowing
- ❑ Earache
- ❑ Ear discharge
- ❑ Hoarseness
- ❑ Hearing loss
- ❑ Nosebleeds
- ❑ Ringing in ears

*SKIN*

- ❑ Bruise easily
- ❑ Hives
- ❑ Itching
- ❑ Change in mole
- ❑ Rash
- ❑ Scars
- ❑ Sores that won't heal

*RESPIRATORY*

- ❑ Shortness of breath
- ❑ Chronic cough
- ❑ Coughing blood
- ❑ Wheezing
- ❑ Lung infections

*NEUROLOGICAL*

- ❑ Headache
- ❑ Nervousness
- ❑ Numbness
- ❑ Weakness

*PSYCHIATRIC*

- ❑ Depression
- ❑ Suicide attempts
- ❑ Alcohol abuse
- ❑ Drug abuse

*ENDOCRINE*

- ❑ Low thyroid
- ❑ High thyroid
- ❑ Thyroid nodule
- ❑ Diabetes
- ❑ Adrenal disorder
- ❑ Pituitary disorder

*DOCTOR COMMENTS:*

______________________________

______________________________

______________________________

______________________________

## Past Medical History

Check conditions you currently have or have had in the past.

- ❑ AIDS
- ❑ Alcoholism
- ❑ Anemia
- ❑ Anorexia
- ❑ Appendicitis
- ❑ Arthritis
- ❑ Bleeding disorders
- ❑ Breast lump
- ❑ Bronchitis
- ❑ Cancer
- ❑ Cataracts
- ❑ Chicken pox
- ❑ Diabetes
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Glaucoma
- ❑ Goiter
- ❑ Gout
- ❑ Heart disease
- ❑ Hepatitis
- ❑ Hernia
- ❑ Herpes
- ❑ High cholesterol
- ❑ Kidney disease
- ❑ Liver disease
- ❑ Measles
- ❑ Migraine headache
- ❑ Miscarriage
- ❑ Mononucleosis
- ❑ Multiple sclerosis
- ❑ Mumps
- ❑ Pacemaker
- ❑ Pneumonia
- ❑ Prostate problem
- ❑ Psychiatric disorder
- ❑ Rheumatic fever
- ❑ Scarlet fever
- ❑ Stroke
- ❑ Suicide attempt
- ❑ Thyroid problems
- ❑ Tonsillitis
- ❑ Tuberculosis
- ❑ Ulcers

**Austin Allergy Associates**
**3303 Northland Drive, Suite 301, Austin, TX 78731**
**512-458-9191/512-458-2330 fax**

Patient Name ______________________________

Date of Birth ______________ Date ______________

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# Past Medical History

## Hospitalizations:

| Year | Hospital | Condition |
|---|---|---|
| | | |
| | | |
| | | |

## Surgeries:

| Year | Hospital | Condition |
|---|---|---|
| | | |
| | | |
| | | |

# Social History

## Habits:

| Y/N | | How much? |
|---|---|---|
| | Caffeine | |
| | Tobacco | |
| | Drugs | |
| | Other: | |

## Occupational:

Occupation/school:

Work or school missed due to allergies/asthma/sinusitis:

Symptoms change at work/with hobbies?

Odor of fume exposure?

Day care? Days per week:

# Environmental History

How long in Central Texas?

House/Apt/Mobile Home How old? Flooring? Carpet/Tile/Other:

Heat: Central/Baseboard Air: Central/Window/Water Cooler

Smokers in the house?

Animals in the house?

# Family History

| | | | |
|---|---|---|---|
| Father | | | |
| Mother | | | |
| Sisters | | | |
| Brothers | | | |

Check if your blood relatives have had any of the following:

| Disease | Relation |
|---|---|
| ❑ Arthritis, Gout | |
| ❑ Asthma, Hay Fever | |
| ❑ Cancer | |
| ❑ Chemical Dependency | |
| ❑ Diabetes | |
| ❑ Heart Disease, Stroke | |
| ❑ High Blood Pressure | |
| ❑ Kidney Disease | |
| ❑ Tuberculosis | |

**Entire form reviewed with patient by:**

1. Date: 4. Date:
2. Date: 5. Date:
3. Date: 6. Date: