My Health History

Date_____

Last Name_____First name_____Middle name _____
Gender Identification: Male_____Female Other _____
Birth Date_____Where born (city, state, and country) _____
Social Security number_____
Primary Language(s) spoken at home _____

Medical history

Any troubles during pregnancy or birth such as jaundice or premature birth: (If yes, explain)_____

_____

Physical diseases, conditions, or injuries such as juvenile diabetes, anemia, at the present time? Include how long you have had this condition._____

_____

Physical diseases, conditions, or injuries in the past, with dates if you know them (ex.: seizures, frequent ear infections):_____
Tobacco use in home; substance abuse:
Now:_____
In the past (include when used): _____
Previous substance abuse treatment?_____If so, when and where? _____
Behavioral health issues already diagnosed (ex.: depression):
Diagnosis:_____When diagnosed: _____
Any other diagnosis:_____When diagnosed: _____
Current prescription drugs taken (with dosage):

Medication	Reason for taking	Dosage and instructions

Non-prescription drugs taken (include vitamins, herbs, supplements, and over-the-counter drugs such as cold medicines or pain relievers): _____
Allergies:_____
Drug reactions: _____

Check-ups and routine care	Dates
Last physical examination	
Last eye examination	
Last hearing examination	
Last dental visit	

Immunization ("shot") record. Show latest date given (or get a copy of this record from your primary care doctor and keep it with the health history form).

Immunization	Date	Immunization	Date
DTaP (Diphtheria, tetanus, and acellular pertussis):		IPV (Inactive poliovirus)	
PCV (Pneumonia vaccine)		Hepatitis B	
MMR (Measles, mumps, rubella)		Hepatitis C (if given)	
Hib (Influenza vaccine, type b)		Tetanus and diphtheria (if given separately)	
Hepatitis A			

Family Medical History

Health providers often ask about illnesses in close family members. This is because **genetic traits** (*physical and mental qualities you are born with*) *can lead to certain illnesses that run in families. Knowing that a particular illness has occurred in a close, blood relative may help a doctor determine what's happening to you. In some cases, a medication that is used to treat an illness in one family member may have a better chance to be successful with another family member. Remember that the genetic traits you inherited are nobody's fault and nothing that you can control. However, they are very important pieces of information that help fill in the picture for your team. If you have concerns about who will be able to see your personal information, discuss this with the provider who evaluates you.*

Social History

Name(s) of those with whom you live: _____

Relationship(s) to you: _____

List information about your parents and/or legal guardians (if applicable):

Name	Address	Telephone	Relationship	SS#	Date of Birth	Age	Living?

Name and address of your employer: _____

_____

_____

_____

Are you adopted?_____In foster care? _____If so, at what age were you first placed in foster care? _____

Parents' relationship status: Married _____ Not Married_____ Separated_____ Divorced_____

Currently living in same household?_____

Number and ages of siblings (brothers and sisters): _____

_____

_____

_____

Relatives or others living with you: _____

_____

_____

_____

Health History, continued

Numbers and ages of siblings not living with you (including step-siblings): _____

Describe any important life events in the past that affect your physical or behavioral health (Ex.: family divorce, major move, tragedy or **trauma**): _____

Family Health History:

Describe any medical, behavioral, or mental health diagnoses in parents, grandparents, or siblings: _____

Describe any unusual, "weird," or negative behavior in close family members. (Example: older brother and father often have sudden rages.) INCLUDE ALCOHOL AND OTHER SUBSTANCE ABUSE. _____

How often do you get regular exercise? _____
What kind(s) of exercise or sports do you participate in? _____
Any unusual diet or feeding problems? _____
Other comments about physical, mental, or developmental health: _____

Other Notes for My Health Providers

It can be hard to remember noteworthy things to mention to your health providers. Sometimes it helps to have everything written down and easily accessible for appointment times. Fill in the table to the right with other notes that you should keep in mind when giving your Health History to heath providers.

Other Notes	Date(s)

Health History, continued

Mobility, transportation or other adaptive needs (special equipment or procedures for daily living): _____

Doctors, Therapists, and Other Providers:

Name, address, and phone number of primary care doctor or pediatrician:

Specialists

(Name, specialty, address, phone number):

1. _____
2. _____
3. _____
4. _____

Case Manager

Name:_____ Organization: _____
Phone #:_____ Email: _____

Health Insurance

Plan Name:_____ Subscriber ID # _____
Group Policy #:_____ Customer Service phone#: _____

Substance Abuse and Other Behaviors

It is very important that providers who work with you know about anything that can affect your health, behavior, and emotions. That means knowing about family alcohol and drug abuse, sexual abuse, and any unusual family behaviors or traumas (very negative bad events such as a death, injury, or divorce) that you have experienced. In most cases, the provider is required to keep this information confidential (not telling the police, your employer, or others not involved in your treatment) unless the situation will cause a major risk to yourself or others. There are exceptions to this rule. If you have any questions, talk to the provider about how the information will be used. If you aren't comfortable listing the information on the forms in this book, write it down in a safe place and don't forget to share it with the provider.