

General History

Allergies

Pt Denies Environment _____
Drugs _____
Foods _____
Other _____

Medications

Pt Denies
➤ Type _____
Dosage _____ mouth / intravenous
Purpose _____
➤ Type _____
Dosage _____ mouth / intravenous
Purpose _____

Hospitalizations

Patient Denies
➤ Admission date _____ Tx _____
Complications Yes / No
➤ Admission date _____ Tx _____
Complications Yes / No

Operations

Patient Denies
Admission date _____ Tx _____
Active NA
Admission date _____ Tx _____
Active NA

Injuries / Fractures

Patient Denies
Date _____ Tx _____ Active NA
Date _____ Tx _____ Active NA
Date _____ Tx _____ Active NA
Date _____ Tx _____ Active NA

Adult Diseases

Patient Denies

Hypertension / HBP	Date _____	Tx _____	Active	NA
Diabetes	Date _____	Tx _____	Active	NA
Myocardial Infarction	Date _____	Tx _____	Active	NA
Cancer	Date _____	Tx _____	Active	NA
Liver	Date _____	Tx _____	Active	NA
Kidney	Date _____	Tx _____	Active	NA
Lung	Date _____	Tx _____	Active	NA
STD	Date _____	Tx _____	Active	NA
Other	Date _____	Tx _____	Active	NA

Childhood Diseases

Patient Denies

Asthma	Date _____	Tx _____	Active	NA
Heart murmur	Date _____	Tx _____	Active	NA
Other	Date _____	Tx _____	Active	NA

Previous MVA

Patient Denies Date _____ Tx _____ Active NA

Tumors

Patient Denies

Cancer Yes / No
Date of diagnosis _____ Treatment _____
Outcome _____