

HEALTH HISTORY FORM

Today's Date:	Primary Care Provider / Address:		
PATIENT INFORMATION			
Last Name: _____	First Name: _____	Middle Initial: _____	Date of Birth: _____ / _____ / _____
Address: _____			Phone #: _____
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other			
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Primary Pharmacy: _____		Address: _____	
* = Prescription Benefits Provided By (i.e. Express Scripts, Medco, etc.):			

REASON FOR TODAY'S VISIT			
Concern:	Location:	Duration:	Prior Treatments:
Concern:	Location:	Duration:	Prior Treatments:

PAST MEDICAL HISTORY			
CRITICAL INFORMATION		MEDICAL HISTORY	
Adhesive tape / latex allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abnormal moles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticoagulant treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abnormal scars	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial heart valves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acne	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actinic keratosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bacitracin / Neosporin allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast cancer / Other cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine sensitivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hay fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting / syncope	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	HSV / cold sore	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV positivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lupus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunosuppressive therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local anesthetics allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parkinson's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poor wound healing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Memory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psoriasis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mitral valve prolapse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rosacea	<input type="checkbox"/> Yes <input type="checkbox"/> No
MRSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ transplant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pacemaker / defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Warts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-op/pre-dental antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health History Example

**Diane S. Aschenbrenner, Samantha J.
Venable**

Health History Example:

Health Assessment in Nursing Janet Weber, Jane Kelley, 2009-10-01 Now in its Fourth Edition Health Assessment in Nursing is a colorful user friendly introductory level health assessment text for RN level students Targeted to ADN and BSN programs this text presumes no prior knowledge of health assessment and is part of a suite that includes Lab Manual to Accompany Health Assessment in Nursing Nurses Handbook of Health Assessment and Weber Kelley s Interactive Nursing Assessment For this edition the COLDSPA mnemonic which guides students through investigation of symptoms has been revised to show specific applications to content in each chapter A sample application of COLDSPA is presented at the beginning of each chapter s Nursing History section and another accompanies each case study The Frail Elderly chapter has been streamlined with a stronger focus on the normal variations associated with assessment of elderly clients Includes DVD ROM

Health Assessment for Nursing Practice - E-Book Susan Fickertt Wilson, Jean Foret Giddens, 2020-12-19 NEW NGN style case studies provide optimal preparation for the Next Generation NCLEX Examination NEW LGBTQ Considerations boxes summarize special assessment considerations for LGBTQ clients NEW Updated coverage of signs of abuse neglect and human trafficking equips you to become a mandatory reporter of these growing health problems NEW Updated high quality illustrations accurately represent assessment techniques and the latest examination equipment NEW Increased emphasis on normal findings is incorporated into the text along with a reduced emphasis on uncommon findings NEW emphasis in the Adapting Health Assessment chapter describes how to adjust your care for patients with a variety of conditions or limitations such as patients with IVs casts and catheters NEW Updated information on cultural and religious preferences and practices describes how these factors can have an impact on health assessment NEW UPDATED coverage addresses the latest evidence based guidelines on pain assessment NEW Enhanced Review Questions prepare you for the NCLEX exam with cognitive levels raised from remembering and understanding levels to applying and above to prepare you for clinical practice

Advanced Health Assessment and Diagnostic Reasoning Jacqueline Rhoads, 2006 What ingredients go into a thorough health history and physical examination How do effective interviewing skills thorough assessment sound clinical reasoning and accurate documentation work together to refine our diagnostic choices These are the kinds of questions you ll explore and answer inside this resource Written by a noted nurse educator this accessible text guides you through the essentials of conducting a clinically relevant assessment and applies these principles to the diagnosis of specific commonly encountered disorders

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name the degree of the scale tonic dominant etc 10 w bb w w

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